

# National Health Policy

## Creating **Wealth** through **Health**

Ministry of Health,  
Accra, Ghana  
September, 2007



*Today's Child health... Our future wealth.*

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Concept development: Amerley Ollenne  
Typesetting and cover design: Kwabena Adjapong & Francis Nunoo  
Illustrations: Elcanna

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## Abbreviations and Acronyms

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|       |   |
|-------|---|
| 5YPOW | Five year programme of work                   |
| AIDS  | Acquired immune deficiency syndrome           |
| ANC   | Antenatal care                                |
| ART   | Anti-retroviral therapy                       |
| AU    | African Union                                 |
| BMC   | Budget Management Centre                      |
| CCS   | Country Cooperation Strategies                |
| CDR   | Case detection rate                           |
| CFR   | Case fatality rate                            |
| CHPS  | Community -based Health Planning and Services |
| DMHIS | District Mutual Health Insurance Scheme       |
| DOTS  | Directly-observed treatment short course      |
| DPT   | Diphtheria, pertussis and tetanus             |
| DVLA  | Driver and Vehicle Licensing Agency           |
| EOC   | Emergency obstetrical care                    |
| EPI   | Expanded Programme on Immunization            |
| FDB   | Food and Drug Board                           |
| GATS  | General Agreement on Trade                    |
| GAVI  | Global Alliance for Vaccines and Immunisation |
| GES   | Government Education Service                  |
| GMHI  | Ghana Macroeconomics and Health Initiative    |
| GOG   | Government of Ghana                           |
| GPRS  | Ghana Poverty Reduction Strategy              |
| HDI   | Human development index                       |
| HIPC  | Highly Indebted Poor Country                  |
| HIV   | Human immunodeficiency virus                  |

|       |   |
|-------|---|
| ICP   | Integrated Care Pathway                             |
| ICT   | Information communication technology                |
| IEC   | Information Education and Communication             |
| IMCI  | Integrated management of childhood illness          |
| IME   | Information monitoring evaluation                   |
| IMR   | infant mortality rate                               |
| IPT   | Intermittent preventive treatment                   |
| ITN   | Insecticide-treated net                             |
| MDAs  | Ministries Departments and Agencies                 |
| MDBS  | Multi-Donor Budget Support                          |
| MDGs  | Millennium Development Goals                        |
| MLGRD | Ministry of Local Government and Rural Development? |
| MMR   | Maternal mortality ratio                            |
| MOH   | Ministry of Health                                  |
| MOU   | Memorandum of Understanding                         |
| MTEF  | Medium Term Expenditure Framework                   |
| MTHS  | Medium Term Health Strategy                         |
| NCD   | Non-communicable diseases                           |
| NDPC  | National Development Planning Commission            |
| NPC   | National Population Council                         |
| NEPAD | New Partnership for Africa's Development            |
| NHIL  | National Health Insurance Levies                    |
| NHIS  | National Health Insurance Scheme                    |
| NID   | National Immunisation Day                           |
| NTP   | National Tuberculosis Control Program               |
| OPD   | Out-patient department                              |
| OPV   | Oral polio vaccine                                  |
| PNC   | Postnatal care                                      |
| POW   | Programme of work                                   |
| PRSC  | Poverty Reduction Strategy Credit                   |
| PRSP  | Poverty Reduction Strategy papers                   |

|       |   |
|-------|---|
| STI   | Sexually-transmitted infections                       |
| SWAP  | Sector-wide approach                                  |
| TAC   | Technical Advisory Committee                          |
| TB    | Tuberculosis  |
| TRIPS | Trade Related Aspects of Intellectual Property Rights |
| U5MR  | Under-five mortality rate                             |
| WASH  | Water, Sanitation and Health                          |
| WHO   | World Health Organization                             |
| WTO   | World Trade Organization                              |

# Table of Contents

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|   |           |
|---|-----------|
| <b>Abbreviations and Acronyms</b>                 | <b>3</b>  |
| <b>Foreword</b>                                   | <b>8</b>  |
| <b>1. Introduction</b>                            | <b>11</b> |
| Background  | 12        |
| National Context for Health Development           | 13        |
| Global Context for Health Development             | 14        |
| <b>2. Situation Analysis</b>                      | <b>16</b> |
| Demographic and Lifestyle Changes                 | 16        |
| Environmental Health and Safety                   | 19        |
| Epidemiological Trends                            | 20        |
| Poverty and Inequalities in health                | 23        |
| Health Services Delivery                          | 24        |
| Health Financing                                  | 27        |
| Health Industry                                   | 29        |
| <b>3. Policy Framework for Health Development</b> | <b>31</b> |
| National Vision                                   | 32        |
| National Vision for Health                        | 32        |
| Mission Statement of the Ministry of Health       | 32        |
| Health Sector Goal                                | 33        |
| Health Sector Objectives                          | 33        |
| Guiding Principles                                | 33        |
| Principal Areas of Action                         | 34        |
| Conceptual Framework                              | 35        |

|   |           |
|---|-----------|
| <b>4. Healthy Lifestyles And Environment</b>        | <b>37</b> |
| Introduction  | 37        |
| Policy Objective                                    | 38        |
| Policy Measures                                     | 38        |
| <b>5. Health, Population And Nutrition Services</b> | <b>42</b> |
| Policy Objective                                    | 43        |
| Policy Measures                                     | 43        |
| <b>6. Capacity Development For Health Delivery</b>  | <b>46</b> |
| Policy Objective                                    | 46        |
| Policy Measures for Human Resource Development      | 46        |
| Policy measures for Health Infrastructure           | 48        |
| Policy Measures for Health Supplies and Logistics   | 48        |
| <b>7. Health Information Systems</b>                | <b>49</b> |
| Policy Objective                                    | 50        |
| Policy measures:                                    | 50        |
| <b>8. Health Industry</b>                           | <b>52</b> |
| Policy Objective                                    | 52        |
| Policy Measures                                     | 52        |
| <b>9. Health Financing</b>                          | <b>54</b> |
| Policy Objective                                    | 55        |
| Policy Measures                                     | 55        |
| <b>10. Governance And Partnerships</b>              | <b>57</b> |
| Policy Objective                                    | 58        |
| Policy Measures                                     | 58        |
| <b>11. Implementation Framework</b>                 | <b>59</b> |
| The Ministry of Health and Agencies                 | 59        |
| Other Ministries, Departments, Agencies             | 63        |
| Donor participation and aid coordination            | 65        |
| Planning, monitoring and evaluation                 | 65        |
| <b>12. Conclusion</b>                               | <b>66</b> |

## Foreword

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The government's development agenda is to transform Ghana into a middle income country with GDP of at least 1000 USD by 2015, a 100% increase from the 2006 figure of 500 USD. The strategies for achieving this growth are to improve human capital, to further strengthen the role of the private sector in the development of the economy, and to provide good governance.

The strategic direction of improving human capital makes health central to Ghana's development efforts: only a healthy population can bring about improved productivity and subsequent increase in GDP, and by doing so ensure economic growth. Hence the old adage "a healthy population is a wealthy population".

The mission of the Ministry of Health as stated in the policy document is to contribute to socio-economic development and wealth creation by promoting health and vitality, ensuring access to quality health, population and nutrition services for all people living in Ghana and promoting the development of a local health industry. This mission puts the concept of health beyond the confines of curative care to other socio-economic determinants of health.

In fact, the poor environmental conditions in which Ghanaians live, work and go to school has a major impact on their wellbeing. The poor air, water and soil quality in the country is mainly due to improper disposal of waste, emission of dangerous gases from industries and vehicles, and smoke from burning of waste and bush fires. Despite this situation, the measures for controlling these problems have not been effective. Infrastructure for waste management has not kept pace with the population growth. Only a third of the waste produced in the urban centres is collected leaving the rest to pollute the environment. Access to potable water is also a problem. Less than half of the population in the country has access to potable water, leaving the rest to obtain water from streams and rivers, which are often contaminated with organic and inorganic substances from household and industrial pollutants. Thus our poor lifestyle,



together with known environmental factors, most of which are preventable, manifest in a high level of morbidity and mortality in the country.

The majority of conditions leading to out-patient attendance at clinics in Ghana are malaria, diarrhoea, upper respiratory tract infection, skin disease, accidents, hypertension, eye infection, pregnancy-related conditions, helminthiasis and osteoarthropathy. Over 90% of these diseases and conditions could easily be prevented if appropriate environmental and lifestyle measures were to be taken. The programmes and projects of the Ministry of Health to date, however, have focused on curative care, leading to failures of the Ministry to make a significant impact in the development of promotive and preventive health to the benefit of its people.

It is within this context that this new health policy is being proposed. The policy views health in its broadest sense as a multi-sectoral programme focusing on the physical, social, economic, and spiritual dimensions which can bring total health to individuals, their families and communities. There is therefore a paradigm shift from curative action to health promotion and the prevention of ill-health. The policy argues that a healthy population can only be achieved if there are:

- improvements in environmental hygiene and sanitation
- proper housing and town planning
- provision of safe water
- provision of safe food and nutrition
- encouragement of regular physical exercise
- improvements in personal hygiene
- immunization of mothers and children
- prevention of injuries in our work places
- prevention of road accidents
- practising of safe sex.

The disease profile and mortality patterns of the country are directly linked to these factors.

This document sets out the policy measures which will lead to actions promoting healthy lifestyle and environment. It provides an institutional framework for the implementation of the policy measures. It also defines the health industry in terms of the business entities that will provide the needed

manpower, material and financial resources for the health sector, and analyzes the institutional framework for mobilizing all sector-wide resources for health development. The policy document therefore provides a new direction in the development of health in this country, and will serve as the basis for the development of our health sector priorities and planning.



*The health of women and children  
Our Nation's Wealth*

Signed  
MOH Minister

# 1. Introduction

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The National Health Policy has been designed within the context of Ghana's vision of achieving middle income status by 2015. It places health at the centre of socio-economic development and presents a clear shift in the role of health in the national and international development framework. This is based on the recognition that health is not only a human right issue, but also a key driver of development, and ultimately of wealth creation.

The theme of the Health Policy is *"Creating Wealth through Health"*. This conceptualization is not new. Linkages between poverty and health have been amply demonstrated in the Millennium Declaration, the Ghana Growth and Poverty Reduction Strategy, The Ghana Macroeconomics and Health Initiative (GMHI) Report 2005 and the various health sector policies and strategies. What is being brought to bear in this policy is a renewed emphasis on:

- The significant benefits that this country stands to derive from greater investments in health and nutrition.
- The critical role that healthy lifestyles, a health-enhancing environment, a vibrant health industry and other sectors beyond health care services play in improving health and socio-economic development.



The Policy adopts an approach that addresses the broader determinants of health. It focuses on the promotion of healthy lifestyles through good nutrition, regular physical exercise, recreation, rest and personal hygiene. The Policy further places healthy lifestyles within the context of the physical and social environments where people live, go to school and work; emphasizing potable water, sanitation, and safe food, housing and roads, as means of promoting good health and prevention of diseases and injury.

The Policy seeks to build a pluralistic health service that recognizes allopathic, traditional and alternative providers (both private and public). It also ensures access to quality health interventions for preventing disease and injuries, as well as for restoring the health of the sick and disabled. In that regard, the Policy aims to provide comprehensive health care services comprising preventive, curative and rehabilitative services.

Finally, the Policy seeks to promote a vibrant local health industry that supports effective, efficient, and sustainable service delivery, creates jobs and contributes directly to wealth creation and attainment of national development objectives.

This Policy provides broad guidelines for the development of programmes by key stakeholders, namely Government, other Ministries Department and Agencies (MDAs), local authorities, such as district assemblies, the private sector, civil society organizations as well as communities and traditional leaders. It is also intended to guide health-enhancing actions of individuals, households and communities and corporate entities.

## **Background**

This Policy places the national efforts within the global context for health development and aims to provide a comprehensive and holistic framework that builds on progress made in previous years.

## **National Context for Health Development**

Every nation exists to assure the collective survival as well as the socio-economic development of its citizens. The Directive Principles of State Policy, as specified in the 1992 Constitution, mandates the President of the Republic of Ghana to ensure the realization of basic human rights, a healthy economy, the right to education and work, and the right to good health. The Ministry of Health has been established to assure good health in Ghana and to reduce the impact of ill-health on socio-economic development.

Over the past decades, Government and development partners have sought in various ways to provide the necessary environment and inputs towards improving health service delivery. A Medium Term Health Strategy (MTHS) document and a 5-Year Programme of Work (5YPOW) guided health development in Ghana from 1997 to 2001.

Currently the health sector is implementing a second 5-Year Programme of Work (2002–2006). This 5YPOW links health more closely to poverty reduction through the Ghana Poverty Reduction Strategy (GPRS). It recognizes that improving the health of the poor is crucial to achieving accelerated and sustainable growth. The strategic objectives of the 5YPOW are shown in box 1.

### **Box 1: The Strategic Objectives of the Five Year Programme of Work 2002 – 2006**

- To increase geographical and financial access to basic services
- To ensure better quality of care in all health facilities and during outreaches
- To improve efficiency in the health sector
- To foster closer collaboration and partnership between the health sector and communities, other sectors and private providers both allopathic and traditional
- To increase overall resources in the health sector, equitably and efficiently distributed.

Although the strategic objectives of the 5YPOW and related conceptual framework guiding health sector development recognized the need for inter-sectoral action, actual implementation focused on delivery of health care services. Very little attention has been given to mobilizing individuals, communities and sectors to promote good health, and to ensuring healthy environments where people live, go to school, and work. Similarly, inadequate attention has been given to the rehabilitation of the disabled. Even in the area of medical care, the focus has been on allopathic services, and to a more limited extent on the development of traditional medicine. Very little attention has been given to alternative medicines, even though Ghanaians continue to use those services. Finally, there has never been a strategic approach to developing a local health industry to support health services and contribute to economic development.

## Global Context for Health Development



UNITED NATION



WORLD BANK



DUCTH DEVELOPMENT ORGANISATION



EUROPEAN UNION



*We provide wealth to create health*

Countries no longer represent truly independent and sovereign states. Globalization is eroding national borders and facilitating the transfer of goods, services, people, values and lifestyles from one country to another. The policies of one country affect another country. This has turned the world into a complex entity of dependent and interdependent individuals, groups and countries. National and local decisions on health and development are affected as never before by global forces and policies.

The global approach to health and development is increasingly influenced by the Millennium Development Goals (MDGs). There is increasing global consensus that countries such as Ghana need to scale up investments and activities towards achieving the MDGs. Achieving the MDGs require that countries look beyond the traditional health system, and address the broader determinants of ill health – low levels of education, poverty, unequal gender relations, high risk behaviours and unhealthy environment – as well as

### **Box 2: Principles of Primary Health Care**

- Political Will
- Intersectoral collaboration
- Community participation
- Appropriate technology

raising the profile of health within national poverty reduction and Government reform processes. Indeed the primary health care principles shown in box 2 still remain relevant in this current context.

Other initiatives in the international arena that will continue to frame the implementation of this Policy include:

- Poverty Reduction Strategy papers
- World Trade Organization (WTO), Trade Related Aspects of Intellectual Property Rights (TRIPS) agreements and General Agreement on Trade (GATS)
- Global Funds for AIDS, tuberculosis and malaria
- Highly Indebted Poor Country (HIPC)
- Harmonization, alignment and aid effectiveness
- Increase in human and labour mobility.



*Education is wealth with health*

## 2. Situation Analysis

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**G**hana experienced tremendous gains in health from the immediate post-independence era. Life expectancy improved over the years; smallpox has been eradicated; the prevention of a range of communicable diseases such as measles, poliomyelitis, and diphtheria has improved child survival and development. These gains have been due to advances in science, technology and medicine. Expanded health services based on the principles of primary health care, as well as progress in education and socio-economic development, have also contributed to the gains.

However, in the last decade, the pace of health development has stagnated. There has been no significant change in Ghana's under-five and infant mortality rates between 1993 and 2003. Life expectancy has also stagnated between 57.42 years in 2000 and 56 years in 2005<sup>1</sup>. Ghana's human development index (HDI)<sup>2</sup> is also worsening. After improving from 0.444 in 1975 to 0.563 in 2001, the HDI dropped to 0.520 in 2005<sup>3</sup>. A combination of factors such as changing lifestyles and environments, and challenges in the health system may be contributing to the stagnating health and development indicators.

### Demographic and Lifestyle Changes

There have been a number of demographic and lifestyle changes over the years. Ghana's population is increasing, is youthful, has more females, is becoming older, is becoming more urbanized and is undergoing lifestyle changes, all of which have implications for health and development.

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1 2003 Demographic and health Survey

2 The HDI provides a composite measure of three dimensions of human development: living a long and healthy life (measured by life expectancy), being educated (measured by adult literacy and enrolment at the primary, secondary and tertiary level) and having a decent standard of living (measured by purchasing power parity, PPP, income).

Ref: Human Development Report 2006, United Nations Development Programme (UNDP). Accessed online at <http://hdr.undp.org/hdr2006/report.cfm>

3 Human Development Reports



### Box 3: Ghana's Population

- Is increasing
- Is youthful
- Has more females
- Is becoming older
- Is becoming urbanized
- Lifestyle is changing.

The 2000 census showed that the Ghana population has increased by over 181% from 6.7 million in 1960 to 18.9 million in 2000 with a growth rate of 2.7%. Ghana still has a youthful population even though there has been a decline in the proportion of the population under 15 years of age from 44.5% in 1960 to 41.3% in 2000. There has

also been an increase in the proportion of the elderly above 65 years from 3.2% in 1960 to 5.3% in 2000. The ratio of males to females has also declined from 102.2:100 in 1960 to 97.9:100 in 2000 with a result that there are now more females than males.

The share of the population for most of the regions has remained fairly stable except for Greater Accra region whose share of the national population almost doubled, from 8.1% in 1960 to 15.4% in 2000. Related to this is the increase in urban population from 30.1% in 1978 to 45.4% in 2003.

At the current growth rate, Ghana's population will increase by over 50% of the 2000 levels to about 30 million by 2015. Similarly the urban population will increase to about 51.1% of the total population in 2015. The combined effect of this relatively high growth rate and the youthful and aging population will be to increase the pressure on social services such as health and education services.



*streetism 'chops' health and wealth*

The aging population is accompanied by an increase in non-communicable diseases and mental health problems. The lifestyle changes associated with consumption of high sugar, salt and fat diets, lack of physical exercise, lack of rest and recreation, reckless lifestyle associated with unsafe sex, alcoholism, eating of junk food, and tobacco use and reckless driving are all changing the epidemiology of morbidity and mortality in Ghana.

Urbanization has the potential to contribute to improvements in quality of life and access to health services. However, the uncontrolled urbanization in the country is negatively affecting the environment in which people live, go to school and work. This is because the pace of urbanization has outstripped the pace of development of social services and infrastructure required to meet the people's needs. Concurrently, uncontrolled urbanization is leading to the creation of slums, overcrowding, poor housing, inadequate water supply and poor environmental sanitation, with detrimental effects on quality of life and outbreak of infectious diseases. Urbanization is also leading to changes in family structure and living arrangements, eroding traditional values and disrupting social support systems.



*Urban life erodes health long with wealth.*

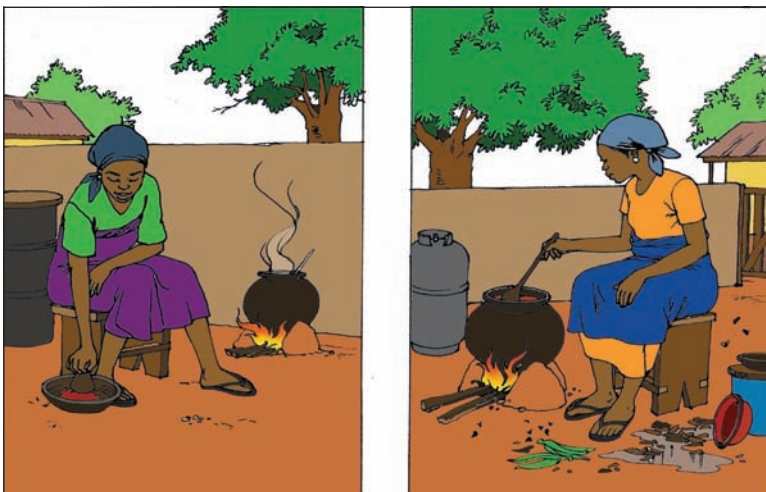
## Environmental Health and Safety

The environment comprises the conditions surrounding the places where people live, work and go to school. A safe and healthy environment including the quality of air, water and soil has major implications for the health of Ghanaians. However, the air, water and soil are being polluted by littering, improper disposal of waste, emissions from industry and vehicles, and smoke from burning of waste and bush fires.

The development of infrastructure for waste management has not kept pace with population growth. For example, the urban centres are currently generating over 1 million tonnes of waste a year and only a third is collected, leaving the rest to pollute the environment.

Access to an adequate supply of potable water for domestic consumption is a major challenge in the country. The coverage of urban water supply in 2002 was 59%, while that for rural areas was 41% as at end of 2000. The coverage of sanitation in the country is even lower. As at 2001 the coverage of sanitation in the country was 12.61%, which is reflected in the frequent sight of persons relieving themselves in public places, often near water sources, with the associated environmental degradation.

A safe and healthy work environment is necessary for improved productivity. Currently there is no occupational health and safety policy or guideline to protect the health of workers. Threats to occupational health and safety include a hazardous work environment, unsafe work practices, and inappropriate work design and tools.



*Women in the forefront of wealth and health*

## Epidemiological Trends

The demographic, lifestyle and environmental factors interact to present high levels of morbidity and mortality in the country. Ghana's disease profile is characterized by high levels of communicable and pregnancy-related diseases, and by a rising number of non-communicable diseases. The top ten causes of morbidity in the country shown in table 1 below have not changed significantly over the years. These causes account for the high levels of child, maternal and premature mortality in the country. Malnutrition, including under-nutrition in children of poor families, micro-nutrient deficiency in children and pregnant women, and over-nutrition in adults, is known to be an underlying factor in the high levels of morbidity and mortality in the country.

**Table 1:** Percentage distribution of outpatient attendance: ten leading causes of morbidity.

| Causes of Morbidity               | %    |
|-----------------------------------|------|
| malaria                           | 44.1 |
| upper respiratory tract infection | 7.2  |
| diarrhoea                         | 4.3  |
| skin diseases                     | 4.1  |
| hypertension                      | 2.7  |
| home/occupational injuries        | 2.3  |
| acute eye infection               | 2.1  |
| pregnancy-related conditions      | 1.9  |
| rheumatic and joints diseases     | 1.9  |
| anaemia                           | 1.7  |
| others                            | 27.7 |

Source: *Facts and Figures (PPME–GHS 2005)*

These top ten causes account for 72.3% of all recorded outpatient attendances. Non-communicable diseases constitute 7.8% of OPD cases, with communicable diseases being 64.5%. Although this appears to be the general trend, there are regional variations in the morbidity and mortality profile.



**Table 2:** Percentage distribution of in-hospital mortality by disease; ten leading causes of mortality.

| Disease                   | %    |
|---------------------------|------|
| malaria                   | 17.1 |
| anaemia                   | 9.6  |
| pneumonia                 | 7.2  |
| cerebrovascular accidents | 5.6  |
| typhoid fever             | 3.5  |
| diarrhoea                 | 3.5  |
| hypertension              | 3.3  |
| hepatitis                 | 3.2  |
| meningitis                | 3.0  |
| sepsis                    | 2.8  |

*Source: GHS Special Edition (Oct 2004) Information for Action: A Bulletin of Health Information*

Malaria is still the leading cause of mortality in the country, followed by anaemia and pneumonia. Again, communicable but preventable diseases constitute about 40% of the mortality profile in the country. Non-communicable diseases constitute about 18.5% of the top ten cases of mortality.



*Malaria depletes Ghana's health and wealth daily*

Malaria is the highest cause of morbidity in all age groups and sexes, followed by upper respiratory tract infections and skin diseases. From infancy to childhood (0–14) diarrhoeal diseases, accidents and eye infections predominate in both sexes. In the 15–44 age groups, accidents predominate for males and pregnancy-related and gynaecological conditions predominate for women. For those in the 45–60+ age group, accidents and hypertension are predominant conditions for males, and osteoarthritis diseases for females. Ghana has the highest Guinea worm prevalence in the sub-region. Tuberculosis is on the increase as HIV/AIDS continues to erode the productive human resource capacity of the country. Trachoma and onchocerciasis are the main causes of blindness in the country.

Non-communicable diseases such as cancers, hypertension and diabetes, are also increasing. This is due to the adoption of western lifestyles – a more sedentary lifestyle associated with increased urbanization, a lack of cultural emphasis on physical exercise, and the increased life expectancy from the growing improvement in health care services.

Overall, the majority of diseases affecting Ghanaians are either avoidable or preventable using available health interventions. The high prevalence of these diseases however continues to bring direct, indirect and intangible financial and social hardship to individuals, families, employers and the nation as a whole.

While the cost of these diseases to the national economy is not known, it is estimated to be high. The cost of disease burden relates to the cost of treatment, the training of health providers, the transporting of the sick to health facilities, man-hours lost due to sick-leave, costs due to disability, costs of maintaining health facilities and loss of productivity due to weak and unhealthy human capital. The effect of these diseases on our socio-economic development has been largely negative and a drain on national resources and productivity.

#### **Box 4: Summary of Ghana health profile**

- Premature mortality i.e. deaths that occur between the 0–45 years group of the population, is very high in Ghana.
- Maternal, infant and child mortality are frighteningly high
- Male mortality exceeds that of females in all age groups.
- Diseases show a geographical distribution that reinforces the north-south socio-economic divide, characteristic of this country
- The poor and rural dwellers have worse health status than the rich and urban dwellers, though urban health is worsening
- Age-specific death rates are higher among poor than among rich
- Number of disabled persons is rising.

### **Poverty and Inequalities in health**

Ghana has made some progress in reducing poverty levels since 1990. Between 1991/1992 and 1998/1999, the proportion of Ghanaians in extreme poverty declined from 37 per cent to 27 per cent. However, considerable poverty still exists in some areas and pockets in the country. For instance eight out of ten persons in the three northern regions are poor and pockets of extreme poverty exist in the regions and in urban areas.

Poverty is a major cause of under-nutrition and ill health. It exacerbates the spread of diseases and reduces productivity. It undercuts the effectiveness of health services and slows population control. Indeed, health suffers most in situations where economies have been unable to secure adequate income levels for all, where social systems have collapsed and where environmental resources have been poorly managed.

The poor experience a disproportionate share of ill health in the country. They often live in unsafe and over-crowded housing; they are more likely to be exposed to pollution and other health risks at work and in their communities.

They are also more likely to consume insufficient food and suffer from under-nutrition and micronutrient deficiencies. Diseases such as Buruli ulcer, Guinea worm, trachoma and leishmaniasis almost exclusively affect the poor. The known communicable diseases such as malaria, HIV/AIDS and tuberculosis predominantly affect the poor people. Inequalities in health exist between regions and districts, and between the rich and poor throughout the country. Access to health services is inadequate in deprived and rural areas and the poor suffer from the catastrophic cost of ill health both from the cost of accessing services and from productive days lost.



*Certainly not health or wealth*

## **Health Services Delivery**

Most diseases affecting Ghanaians can be avoided, prevented or treated with available cost-effective interventions. The Medium Term Health Strategy and the two five-year programmes of work covering the period 1997 to 2006 defined a package of priority health interventions, including health promotion, nutrition, preventive and clinical services for which improved access and quality of provision was recommended for all Ghanaians.



Health providers in the public and private sectors as well as the formal and informal sectors, play key roles in delivering health interventions. Some are efficient, delivering high quality services and being responsive to the needs of their patients and clients. But many are not. Furthermore, health providers in both the formal and informal sectors are not adequately regulated. Box 5 summarizes challenges facing health services.

### **Box 5: Challenges of Health Services**

- Users routinely complain of abusive and humiliating treatment by health providers
- Health providers describe difficult and demoralizing working conditions
- Huge gaps in staffing of frontline health facilities make reliable, quality services virtually unattainable. Some clinics stand empty while others are overcrowded
- Ministry of Health and Agencies are having difficulty in managing the rapid decentralization of health services and donor-driven programmes
- Shortages of equipment, consummable supplies and some essential drugs undermine facility functioning, damage reputations, inflate out-of-pocket costs to patients and fuel a spiral of distrust and alienation
- 'Exit' from the public sector into an unregulated private sector.
- Catastrophic cost, formal and informal, but disproportionately borne by the poor
- Challenges in the introduction of the National Health Insurance Scheme.

The GPRS and 5YPOW objectives of bridging health inequality have led to investments in the CHPS programme and the construction and equipping of health facilities in deprived regions. Despite the considerable investments in the provision of health facilities however, large numbers of the population, particularly those in rural areas and deprived communities still lack access to quality health services. Currently, access to allopathic health services is estimated to be about 35% of the population. The remaining 65% of the population use traditional and alternative medical care. Yet this component of health services is not adequately regulated or fully integrated into the existing health service delivery system.

The factors responsible for the poor geographic access include inadequate investments in health facilities relative to need, hard-to-reach communities, sub-optimal spatial distribution of health facilities and lack of communication

equipment. Other barriers to health services are financial, organization of service delivery and broad socio-cultural barriers, including gender. The different roles and responsibilities of men and women, inequalities in access to resources and lack of information are reflected in their health-seeking behaviours and subsequent vulnerability to illness and quality of care available to them. Rehabilitative services have been less well developed in spite of the relatively high prevalence of disability, currently estimated to be 2 million, in the country.

A quality assurance programme aimed at improving the quality of health services is also being implemented. However, the quality of health service is constrained by absence of comprehensive standards and norms, weak organizational and management capacity, weak support systems such as transportation and equipment for service delivery, inadequate numbers and poor distribution of human resources. The exodus of critical health professionals in recent years is undermining efforts to improve access.

The 'Cash and Carry' system of paying for health services still remains a financial barrier to health services, particularly among the poor. An exemption policy targeting the poor, pregnant women, children and specified diseases, was implemented alongside the Cash and Carry programme. The package of exemptions was not always clearly specified; the policy was not adequately funded; and implementation suffered from managerial and operational difficulties. As a result, the exemptions policy had limited success in removing the financial barriers to health services.

Government has introduced the National Health Insurance Scheme (NHIS) as a social protection policy with the objective of improving financial access to quality health services. The coverage of NHIS has been increasing steadily. All districts have functional District Mutual Health Insurance Scheme (DMHIS) with over 17% of the population registered and eligible to receive covered services with little or no payment at the point of service. This level of coverage is nevertheless too low to remove the financial barriers to services experienced under the Cash and Carry system.

As at December 2005, the experiences and lessons that have emerged from the implementation of 5YPOW point to the fact that promoting health and confronting disease challenges require action across a range of activities in the health system. These include:

- Increasing geographic access to affordable and good quality health services
- Improving availability of human resources, drugs, medical equipment and logistics
- Promoting utilization and compliance to disease prevention and care practices at the community and household levels
- More effective targeting of services and resources to priority diseases and vulnerable groups such as pregnant women and children
- Improving stewardship and core public health function such as policy-making, monitoring and evaluation, disease surveillance, provider and insurance regulation, social mobilization, cross-sectoral action, and overall management
- A comprehensive approach to health delivery that acknowledges and addresses other factors known to affect the health of populations such as nutrition, healthy lifestyles, water and environmental sanitation, and literacy.
- Further strengthening of research as the basis for policy development, decision-making and planning of health sector programmes and projects.

## Health Financing

The total fund available for health care has been increasing in the last ten years from improvements in the following factors:

- positive macroeconomic climate
- increased allocation from Government to the health sector
- increased donor inflows
- introduction of the National Health Insurance Scheme (NHIS)
- improved collection and management of internally generated funds.

However health financing is still a major challenge. The increase in funding to the health sector has gone mainly into the payment of personal emoluments rather than to support service delivery. As a result, a major funding gap for the scaling-up of priority public health interventions exists in the sector. At the same time the increase in personal emoluments have not risen to the point where the salaries in the sector can match those of developed countries.

The Ministry of Health has been reforming its financing strategies in two main areas – pooling of funds and the development of a formula for resource allocation. The National Health Insurance Fund established under the National Health Insurance Programme pools funds collected from the National Health Insurance Levy (earmarked taxes for health insurance) and 2.5% of the Social Security contribution of all workers (allocated as legislated by the National Health Insurance Law (ACT 650) and approved by Parliament).



*Wealth, all of health*

Since 1997, the Ministry has been implementing a Sector-Wide Approach to health that involved among others the establishment of a health fund for pooling donor funds. Contributions to the health fund constitutes between 40 and 60% of total annual donors' contribution to the health sector programme of work. The rest of the donor funding is earmarked to support the implementation of the Programme of Work.

Resource allocation and purchasing mechanisms define the criteria according to which revenues that have been collected in fund pools are allocated to institutions and individual providers to deliver a set of interventions. The thrust of the reforms in resource allocation and purchasing arrangements has so far focused on transparent resource allocation mechanisms and formulae that shift resources to the district level and in favour of deprived areas. The current approach to resource allocation and purchasing fails to define clearly what is purchased. Disbursements are through budget allocations without any attempt to link disbursements to performance. Despite the intention to increase the proportion of funds allocated to the private sector, most of the funds were spent on the public sector.

The context of health financing is changing. Ghana is receiving general budget support for the implementation of GPRS through the Multi-Donor Budget Support (MDBS) facility anchored in the Ministry of Finance and Economic Planning. Currently donors contributing to the health fund are considering shifting their support increasingly to the MDBS facility. At the same time, the NHIS has been established to replace user fees for services. Looking ahead, the major resources of the sector will mainly consist of GOG and NHIS funding. Earmarked funding from specialized agencies and development partners is also likely to remain. Resource allocation within the health sector will need to balance the emphasis on equity with obtaining value for money through strategic purchasing of services.

## Health Industry

The health industry is an important component of the health system. A pluralistic local health service industry exists, comprising public and private providers of preventive, diagnostic, therapeutic and to a more limited extent rehabilitative services. The manufacturing sector also produces drugs, logistics and other inputs required for health service delivery.

However, the contribution of the local health industry to overall health delivery is small. For example, it is estimated that only 20% of the market share of essential drugs consumed in the health sector is manufactured locally. Similarly, key public health interventions such as insecticide-treated nets and even some medical equipment as basic as hospital beds are all imported.

A health knowledge industry made up of consultancy firms has been emerging internationally to provide technical support to developing countries. Despite the potential market for consultancy services in the country, the size of the industry is small compared to the need and no conscious effort is being made to grow the local knowledge industry.

Overall, the size, structure and potential contribution of the health industry to health delivery, job creation and wealth creation have not been fully analyzed. In general, local industry has limited access to capital for investments in research and development. The requisite human resources are lacking, and the industry suffers from an unfavourable tax regime making it generally uncompetitive and unattractive for investors. Indeed, the health industry has never been given the attention it deserves as a key driver of health delivery

in the country and potentially in the region, and as a major contributor to the national economy.



*Health industry creates wealth as they innovate for health*

### 3. Policy Framework For Health Development

This policy framework derives from the WHO definition of health as a state of complete physical, mental and social wellbeing and not just the absence of disease or infirmity. This definition is consistent with the Ghanaian world view that the individual is a tripartite being, consisting of body, mind and spirit and that the wellbeing of man requires fostering harmony among body, mind and spirit.



*Healthy body, Soul, and Spirit mean wealth*

The policy recognizes that good health is intrinsically desirable and is a necessary ingredient for socio-economic development. It places health activities and programmes within the framework of a health industry that sustains health delivery and creates jobs. Box 6 summarizes the key shifts in health development that have informed this policy.

### **Box 6: Shifts in Paradigm for Health Development**

- Health improves productivity and creates wealth
- Health promotion and nutrition ensure that people remain healthy and stay out of hospitals
- Healthy environment and healthy lifestyles play a key role in ensuring healthy individuals, families, communities and the nation
- Health delivery is more than health service delivery; it is every body's business, it is affected by individual lifestyles and it depends on multi-sectoral action
- Health delivery is an industry that contributes to economic development.

## **National Vision**

The national vision is to attain middle-income status with a minimum of 1000 USD per capita by the year 2015.

## **National Vision for Health**

To create wealth through health and to contribute to the national vision of attaining middle-income status by 2015.

## **Mission Statement of the Ministry of Health**

“The mission is to contribute to socio-economic development and wealth creation by promoting health and vitality, ensuring access to quality health, population and nutrition services for all people living in Ghana and promoting the development of a local health industry.”

## **Health Sector Goal**

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

## **Health Sector Objectives**

The goal of the health sector will be achieved through pursuing three inter-related and mutually reinforcing objectives. These are:



- To ensure that people live long, healthy and productive lives and reproduce without an increased risk of injury or death
- To reduce the excessive risk and burden of morbidity, mortality and disability, especially in the poor and marginalized groups
- To reduce inequalities in access to health, populations and nutrition services and health outcomes

## Guiding Principles

The objectives of the health policy will be achieved through the development of a combination of policies, standards, programmes and investments that are underpinned by the following guiding principles.

1. The health sector is more than health services; it includes all activities, institutions and resources whose primary purpose is to promote, protect, maintain and restore health.
2. A health policy is multi-dimensional in nature and requires partnerships.
3. Programme design and development will:
  - be people-centred focusing on individuals, families and households in their community settings,
  - recognize the inter-generational benefits of health
  - reinforce the continuum of care approach to health development
  - be prioritized to ensure maximum health gains for the limited resources
4. Planning, resource allocation and implementation will be results-oriented paying attention to equity, efficiency sustainability and accountability for resources and results.

## Principal Areas of Action

The objectives, concerns and challenges in the health sector are to be addressed through simultaneous action in seven priority areas:

- Promoting healthy lifestyles and healthy environments
- Providing Health, Population and Nutrition Services
- Investing equitably in Capacity Development of the health sector
- Promoting the use of Information for planning and management of the health sector

- Ensuring sustainable and equitable Financing
- Promoting a local Health Industry
- Ensuring good Governance and Partnership

On the basis of the seven principal areas of action identified and the need to accelerate progress towards achieving the Millennium Development Goals the following programmes will be given greater emphasis and additional resources to achieve the objectives of the health sector.

1. Ensuring healthier mothers and children through the scaling-up implementation of high impact and rapid delivery health interventions
2. Promoting good nutrition across the life span
3. Combating communicable diseases such as HIV/AIDS, malaria, tuberculosis, epidemic prone diseases and diseases that almost exclusively affect the poor such as Buruli ulcer, Guinea worm, leishmaniasis, lymphatic filariasis, etc.
4. Reducing risk factors associated with the non-communicable diseases such as tobacco and alcohol use, lack of exercise, poor eating habits and unsafe driving
5. Strengthening surveillance and response to epidemics and emergencies
6. Forging stronger, integrated, effective, equitable and accountable health systems.

*Our children  
Our wealth  
Our health*



## Conceptual Framework

The conceptual framework underlying the development of this policy is derived from the national development goal of attaining middle-income status by 2015 and an affirmation of the contribution of health to this vision. At the core of this framework is the theme of this policy – Creating Wealth through Health.

The conceptual framework spells out two interacting and mutually reinforcing pathways through which the health sector contributes to socio-economic development in the country. These are:

- Improving health and nutritional status of the population leads to savings on treating preventable diseases, improved productivity, economic development and wealth creation
- Creating a local health industry supports and sustains health services and creates jobs and leads to economic development and wealth creation

The fundamental hypothesis is that by promoting population health and nutrition status, preventing diseases and injuries and maintaining health, and restoring the health of the sick and disabled, the country can make savings on resources otherwise spent on treating preventable and avoidable diseases. At the same time, improved health and nutritional status promotes intellectual capacity and productivity in the population, both of which are needed for economic development. Improving health depends on the adoption of a healthy lifestyle, ensuring a healthy and safe environment and improving access to health, population and nutrition services.

Secondly, a health industry has intrinsic and instrumental value for national development. The health industry contributes directly to wealth creation by creating jobs, and indirectly through the provision of health services. A health industry depends on the development of appropriate products and markets and on ensuring that their quality meet international and national standards.

The conceptual framework is underpinned by four cross-cutting and inter-related themes that need to be pursued to achieve the objectives for the health sector –

- financing
- capacity development
- good governance and partnerships
- information

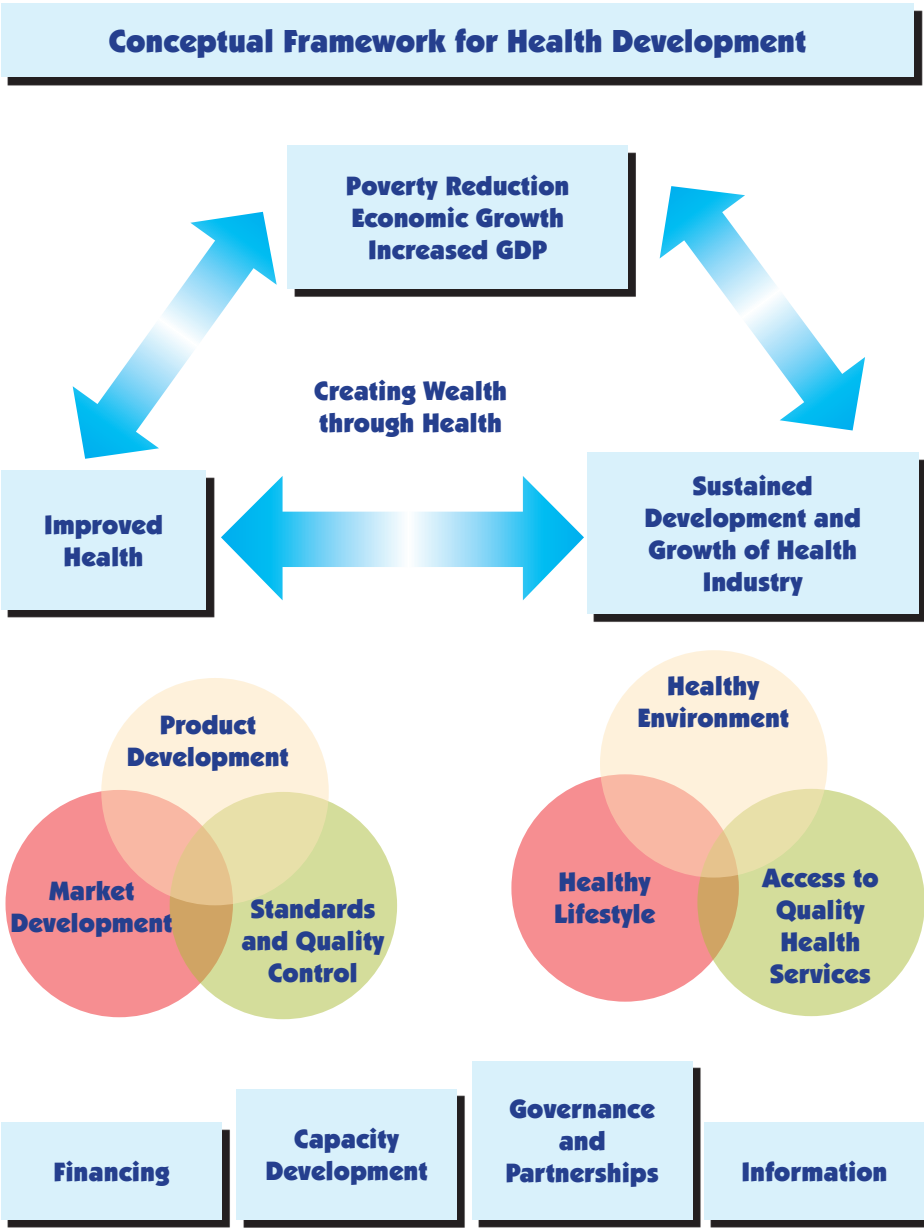


Figure 1: Conceptual framework for health

## 4. Healthy Lifestyles And Environment

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### Introduction

Lifestyle is the way people live within their socio-cultural and geographical setting. It embodies the set of people's daily behaviour patterns and the activities that shape their lives. Healthy living involves safe sex, health eating, exercise, rest and recreation and a life free of additives and substance abuse.

The environment is the physical, biological and socio-cultural settings (including political and legal settings) in which individuals and populations live, work, attend school and play. A healthy environment is one that:

- Ensures access to clean water and sanitation
- Reduces the risk of contamination of food and water
- Reduces the risk of injury and ill-health in public places

A healthy lifestyle in a healthy environment depends on:

- Empowering the population with the requisite information for making informed lifestyle choices
- Providing infrastructure and services to the people in places where daily decisions are made and/or where harmful behaviours may be manifested
- Enacting and enforcing legislation to reinforce health-promoting attitudes and behaviours and protect the environment
- Strengthening institutions such as the police and local government and holding them accountable.

### Policy Objective

The objective of this component is to promote healthy lifestyles and reduce risk factors that arise from environmental, economic, social and behavioural causes. Promoting healthy lifestyles in a healthy environment implies (Box 7):

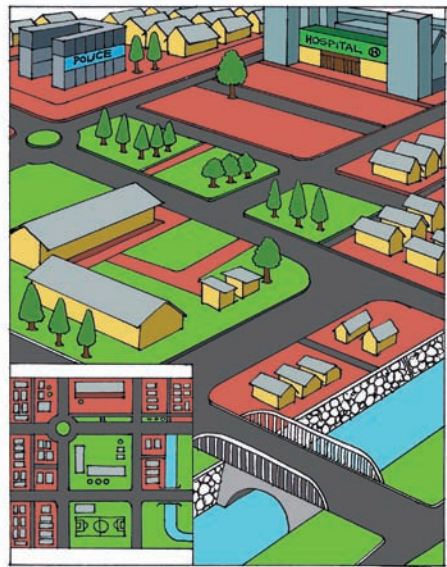
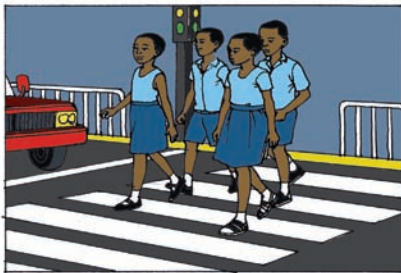
### **Box 7: Key Results Areas**

- Information for making healthy lifestyle choices
- Food safety
- Environmental sanitation
- Healthy settings (communities, schools, homes and work places)
- Reaching people with infrastructure and services
- Enacting and enforcing legislation
- Institutional strengthening

### **Policy Measures**

- Empower individuals, households and communities to make informed choices for their health through provision of information, education and creation of an enabling environment
- Brand and market healthy living targeting specific population groups such as mothers, children, adolescents and adults with relevant messages on safe sex, healthy eating, exercise, rest and recreation and a life free of addictives and substance abuse
- Develop standards and implement programmes and initiatives for promoting healthy settings, as in:
  - Healthy homes, by collaborating with town and country planning and local government to develop standards for housing; to introduce a programme of frequent inspections accompanied by sanctions for constructing new houses without adequate facilities
  - Healthy communities, in collaboration with local government, rural development agencies, community leaders and water and sanitation departments to ensure access to safe water and sanitation by (i) advocating for public-private collaboration and more private provision and financing of waste management, (ii) scaling-up the WASH (Water, Sanitation and Health) model in deprived communities, and (iii) strengthening the monitoring of water quality, advocating for increased investments in water, and promoting new approaches to water use.

- Healthy schools, by collaborating with the MOH, GES and private schools to facilitate the adoption of healthy lifestyles among students through the curriculum, physical education, environmental sanitation and the promotion of healthy eating
- Healthy workplaces, by collaborating with the Ministry of Manpower and National Labour Commission to develop and implement programmes on occupational health and safety
- Road safety, by strengthening collaboration with the police and DVLA to implement the road safety campaign



*Planned communities- planned health with wealth*

- Ensure food safety by promoting collaboration between FDB, Standards Board, MLGRD and police to develop and enforce standards for the production, storage, sale and handling of food and drink in markets, restaurants and through other vendors.
- Promote healthy eating programmes in schools and in communities by introducing nutritional education into the school curriculum and by collaborating with caterers, food vendors and restaurants/ 'chop bars' (local restaurants) and media.
- Set up model regenerative health and nutrition facilities as training centres to facilitate changes in lifestyle

- Promote physical exercise, rest and recreation by making physical education mandatory in all schools and making recommendations for adults.
- Promote lifestyles free of addictives and substance abuse by establishing designated no-smoking public areas, dissemination of laws on drug abuse and tobacco control, strengthening collaboration with police on enforcing penalties for drunk driving.
- Ensure adequate levels of funding of health promotion and nutrition in the health budget, and increase collaboration with agencies to increase funding for health promotion and nutrition programmes.

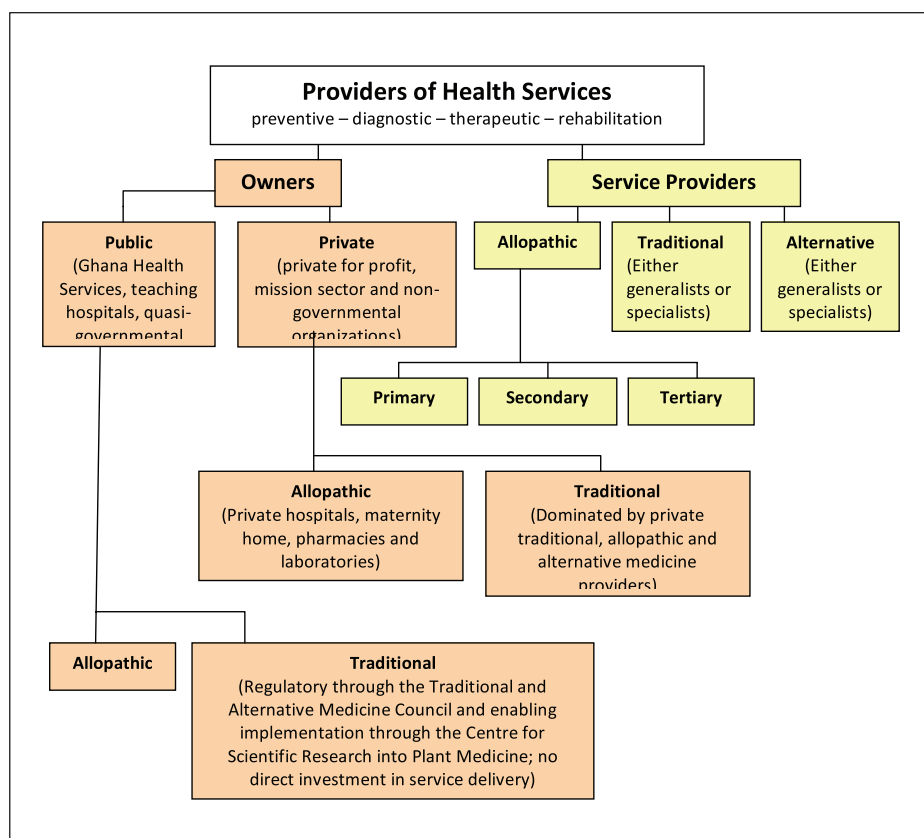


## 5. Health, Population And Nutrition Services

Health services involve the combination of inputs to a production process within an organizational setting, and lead to the delivery of combined interventions to individuals or populations. Services may be preventive, diagnostic, therapeutic or rehabilitative.

In Ghana multiple players are involved in the provision of health services. They may be classified by:

Diagram 3: Providers of Health Services



Cost-effective interventions for the prevention and control of disease exist. The key challenge is to ensure universal coverage of such interventions. It is a fact that if universal coverage were achieved for even a small proportion of key maternal and child health interventions, the maternal and under-five mortality figures would fall at the rate required to achieve the Millennium Development Goals.

## Policy Objective

The objective of this component is to ensure equitable access to good quality and affordable health, population and nutrition services – services that will improve health outcomes, respond to people’s legitimate expectations and are financially fair.

### Box 8: Key Results Areas

- Holistic, integrated and seamless services from allopathic, traditional and alternative providers
- Packaging of health interventions comprising health promotion, preventive, diagnostic, therapeutic and rehabilitation
- Filling service gaps
- Improving quality of services and access to services
- Enabling managerial autonomy.

## Policy Measures

- To support the development of a holistic gender-sensitive, integrated and seamless health service comprising (i) allopathic, traditional and alternative providers; (ii) public and private sectors; (iii) home-based care, community-based services, facility-based services (maternity homes, clinics, health centres, and all categories of hospital); and (iv) preventive, diagnostic, therapeutic and rehabilitative services
- To promote defined and cost-effective packaging of preventive, diagnostic, therapeutic and rehabilitative services to be provided through the public and private sectors, within the framework of a strengthened and integrated district health system linked to a functioning referral system



*Chemical sellers create wealth as they provide health*

- To fill gaps in service delivery, particularly in deprived areas by (i) investing in the provision of relevant close-to-client services as part of an integrated network of service providers and (ii) strengthening emergency services, including the provision of national coverage for ambulance services using public and private ambulance operators
- To assure the provision of safe, efficacious and quality services and interventions by all types of provider, by (i) supporting the implementation of continuous quality improvement programmes in health institutions, and (i) instituting an effective regulatory environment that will enforce sanctions and provide appropriate incentives
- To provide increasing managerial and financial autonomy for public health institutions within a strengthened framework for public accountability, with a view to achieving overall efficiency in service delivery, reducing waste and improving responsiveness to local needs
- To ensure that disease-specific initiatives do not undermine health systems by distracting attention and resources, while overloading fragile capacity. Initiatives such as those addressing HIV/AIDS, malaria and EPI) should instead contribute to the overall health system strengthening, and should be monitored and held accountable, to ensure that they function this way in practice

- To develop specific programmes for improving the health and health care delivery in various population sub-groups – for example, the aged, children under 5 years and adolescents
- To empower communities, households, users and providers of health services in an understanding of their rights and responsibilities, through the strengthening of home-based care components of disease control programmes, the provision of information and education, and the improvement of complaint systems in health facilities
- To work continuously to break down the financial, geographic and socio-cultural barriers to health services faced mainly by the poor and disadvantaged
- To strengthen collaboration between health and veterinary services in surveillance, prevention and control of zoonotic disease such as rabies, Avian influenza, trypanosomiasis and yellow fever.

## 6. Capacity Development For Health Delivery

Capacity refers to the stock of capabilities available to the health system for health delivery. It includes a mix of technical, managerial and logistic capacities required to promote, protect and improve health. Capacity development will emphasize the creation, expansion and upgrading of capabilities in the health system in order to fill capacity and service gaps; the improvement of individual and institutional performance; and the achievement of objectives of the health sector. Capacity development will focus on increasing the stock of human resources, infrastructure, supplies and logistics.

### Policy Objective

The objective of this component is to strengthen the capacity of the health system by investing and mobilizing resources, allocating them equitably and ensuring their efficient utilization.

#### **Box 9: Key Results Areas**

- Human resources (technical and managerial)
- Infrastructure
- Equipment
- Drugs
- Essential logistics.

### Policy Measures for Human Resource Development

Human resources under this policy include all human capacity involved in developing, providing, managing or supporting curative, preventive, promotive and rehabilitative health, both in-country and externally, who directly or indirectly influence health development. In the light of this, the following policy measures shall be proposed:

- The role of households and communities as social capital and primary producers of health should be incorporated in all health programmes.
- The increase in the production, recruitment and retention of health workers, focusing on middle-level health professionals
- The retention, equitable distribution and increased productivity and responsiveness of human resources by (i) the strengthening of systems for supervision, performance appraisal, accountability and overall human resource management and (ii) the continuous refinement of systems for compensation and incentives, and implementation of sanctions and (iii) the promotion of effective legislation and regulation.
- The advocacy for orientation and mobilization of other professionals, including, but not limited to, teachers and agricultural extension workers, in contributing to the promotion and maintenance of good health practice
- The support for the enforcement of standards for environmental hygiene in homes, communities, restaurants / 'chop bars', and other public places.

## **Policy measures for Health Infrastructure**

The health infrastructure includes all of the health-enhancing infrastructure, not just the health service infrastructure. Policy measures are therefore:

- Investment in the construction of a health service infrastructure to fill gaps in access to service, particularly in deprived and hard-to-reach areas and in collaboration with the transport sector to improve access.
- Continuous modernization of health services in the country through facilitating the adoption of appropriate health technology and practices
- Ensuring of sufficient financing for priority renovations and planned preventive maintenance of existing health service facilities
- Promotion and increase in private sector investments in the health service and health-enhancing facilities

- Promotion and increase in research and advocacy leading to the adoption of appropriate and cost-effective systems for waste management, including plastic, liquid and solid waste

## **Policy Measures for Health Supplies and Logistics**

- Promotion of local production of supplies and logistics including pharmaceuticals and traditional medicines for the national and regional/international markets
- Strengthening and/or introducing systems for continuous monitoring and assurance of quality, efficacy and safety of medicines, including traditional medicines
- Ensuring improved financing of essential drugs and logistics in the national budget, and ensuring that health service facilities have sufficient transport and ambulances
- Orientation of health workers as needed in the national procurement laws and procedures to ensure full implementation of the law within the health sector
- Re-engineering and modernization of systems for procurement, storage and distribution of supplies and logistics



*Creating wealth through promoting health*

## 7. Health Information Systems

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Health system governance depends on the availability of quality, relevant and timely information and knowledge. Health information provides the information support to the decision-making process at all levels of the health system. Health information is particularly important for resource allocation and public health action in countries such as Ghana, where resources are limited: unwise allocation of resources can lead to wastage and the difference between survival and death. A health information system has six components:

1. Resources comprising human, financial and information communication technology (ICT)
2. Indicators
3. Data sources including population based and administrative data sources
4. Systems for data management
5. Information products
6. Dissemination and use.



The challenges for the health information system are

- Weak human resource and institutional capacity for information management
- Gaps, duplication and waste among parallel health information systems
- Lack of timely reporting and feedback
- Unstructured investments and deployment of ICT
- Poor quality data
- Inadequate use of information for decision making and action.

## Policy Objective

The objective is to promote the generation and use of evidence for decision-making, programme development, resource allocation and management through research, statistics, information management and deployment of ICT.

### Box 10: Key Results Areas

- Research
- Information management systems
- Research and statistics capacity development
- Deployment of ICT.

## Policy measures:

- To develop a policy framework and set up multi-sectoral coordination mechanisms to guide the investments and development of health information systems
- To increase investments in the development and deployment of health information systems, including ICTs
- To increase the training and deployment of the requisite human resource mix required for effective data management and dissemination, as in epidemiologists, statisticians, demographers, computer experts and data base administrators

- To define a core set of sector-wide indicators comprising health status, health system and health determinants indicators, as well as indicators for measuring the performance of components of the health system
- To support the development of an integrated and consolidated national health information system linked to sub-systems in agencies and BMCs at all levels of the health delivery system
- To continue to strengthen (i) population-based data sources comprising vital registration and surveys; (ii) health service-based records comprising administrative records, service records and health and disease records; and (iii) surveillance systems drawing on the combination of data sources as appropriate
- To develop a monitoring and evaluation plan based on data needs and the data sources
- To strengthen monitoring and evaluation functions and their integration into the national managerial process through the implementation of effective information systems.



*Health workers promote health for wealth*

## 8. Health Industry

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The health industry comprises firms involved in the production of health. These firms (both public and private) operate in a health market and are involved in the manufacturing of health products, the provision of health care and health-enhancing services, and the generation of knowledge in support of health. Apart from the pharmaceutical sector which is fairly well understood, the size and potential of the health industry in Ghana and in the region is not known or appreciated by policy-makers and potential investors. The health industry can contribute to wealth creation through creating jobs, generating and inducing innovations in health technology and the production of inputs for sustaining health services.

### Policy Objective

The objective of this component is to promote the development of a local health industry that supports service delivery and creates jobs in Ghana, and contributes more broadly to the economy through its national and possibly regional activities.

#### Box 11: Key Results Areas

- Analysis and capacity development
- Product development
- Market development
- Standards and quality control

### Policy Measures

- To promote the adoption of standards and regulation of the health industry in collaboration with the Ministry of Trade and Industry, the Ghana Standards Board, the Association of Ghana Industries, and other relevant agencies

- To collaborate with stakeholders in the health industry in promoting understanding of the components, structure, conduct, performance and contribution to the national economy
- To collaborate with global and international agencies controlling the health industry, such as World Trade Organization, TRIPS, and GATS, in supporting the development of a local health industry, and in the provision of appropriate policy interventions for promoting the industry
- To pursue an investment drive in the health industry, aiming to remove major local and international barriers to investments
- To promote the penetration of existing markets and the development of new markets for local health products
- To support local industry in the development and marketing of products and services for the health care market in Ghana and in the region



## 9. Health Financing

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The health sector is financed with funds mobilized from primary sources (households and firms) and secondary sources (Government and donors). These funds are accumulated in fund pools (health fund and National Health Insurance Fund) and are used to purchase services and products that promote, maintain and restore health. At present, the sources of revenue are:

1. Direct out of pocket payments for health services,
2. Premiums for NHIS,
3. Tax revenues including special levies such as the NHIL locate through the national budget,
4. Grants from development partners
5. Financial credits.

Though the estimated per capita expenditure on health services has been rising, from 6.9 USD in 1997 to 23 USD in 2006, it is still below the World

Bank recommended 30–40 USD, which is required to deliver the minimum package of health services. The available resources are not always allocated equitably and used efficiently, which leads to wastage. The way in which the health sector is financed has a very great influence on translating policy and priorities into reality, and on shaping health, population and nutrition services and outcomes.

## Policy Objective

To mobilize resources and ensure equitable and sustainable financing of the health sector.

### Box 12: Key Results Areas

- Resource mobilization (GOG, NHI, grants, loans and out-of-pocket payment)
- Equitable and efficient allocation of health resources
- Efficient utilization of health resources.



*Affordable health for wealth*

## Policy Measures

- To develop a comprehensive strategy for resource mobilization from all sources of funds, both domestic and international
- To pursue equity in health financing, with special emphasis on
  - risk pooling
  - targeting resources to services for the poor, vulnerable groups, and public health interventions
  - reducing catastrophic cost of care.
- To review annually the criteria for resource allocation and purchasing mechanisms, taking into account national priorities and different sources of funds
- To implement programmes and systems for ensuring harmonization, alignment and effectiveness of aid in the health sector.
- To ensure financial sustainability of the National Health Insurance Fund
- To provide increasing financial decentralization and autonomy, with opportunities for health facilities in the public sector to be self-financing
- To strengthen incentives and sanctions systems for reducing wastage and improving transparency, accountability and efficiency in the use of public resources
- To advocate for increased financing in health promotion, water and sanitation, including/especially waste management



*Environmental pollution depletes health and wealth*

## 10. Governance And Partnerships

Governance and partnerships are important for the effective functioning of the health system and for achieving health sector objectives. The governance arrangements include:

1. institutions and their organizational structures
2. managerial processes including policy formulation, priority setting, resource allocation, planning, monitoring and evaluation
3. coordination mechanisms
4. performance assessment and accountability
5. regulation.

The legal framework for health delivery defines the mandates of agencies; governance processes ensure that agencies deliver on their mandates and contribute to the achievement of the health sector objectives. At the core of health delivery however is partnership and teamwork. Partnerships for health delivery involve the encouragement of different institutions and stakeholders to work together to achieve the common objective of improving health based on mutually agreed roles and principles of sharing resources, risks and results.

### Policy Objective

To ensure an enabling policy environment, incorporating accountable and performance-oriented institutions; and to provide effective collaborative partnerships within the health sector and with other MDAs, private sector, NGOs and communities.

#### Box 13: Key Results Areas

- Policy development and coordination
- Managerial processes that promote good governance, collaboration and accountable institutions
- Legislative and regulatory environment
- Partnership development, coordination and collaboration.



## Policy Measures

- To establish and strengthen multi-sectoral and multi-stakeholder processes for policy dialogue, coordination, planning and accountability, with a focus on completing or finalizing and disseminating policies that exist in draft
- To establish and strengthen intra-sectoral bodies for policy dialogue, coordination, planning and accountability
- To enable increased managerial autonomy for health facilities and to continuously explore the use of contracting out to the private sector and other purchasing bodies
- To continue to adapt the management arrangements and managerial processes within the public sector to Government's decentralization policy and programme
- To provide a framework of relevant incentives and sanctions that enable performance and promote accountability
- To review and continuously refine the role of Government in the delivery of healthcare
- To restructure the Ministry of Health to better align the organizational structure and incentives with the expanded importance of health promotion.



*Governance detects policies on health and wealth*

# 11. Implementation Framework

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Attaining and maintaining good health as conceived in this document extends beyond the purview of the Ministry of Health and its agencies. Other MDAs have a major role to play to achieve a health literate population with a positive attitude towards improving and protecting their own health and the environment. The Ministry of Health will therefore provide leadership in mobilizing support for health from the many players, and in sustaining partnerships for health development with other MDAs, civil society and the private sector.

## **The Ministry of Health and Agencies**

The Ministry of Health and its agencies are together responsible for the formulation of health service policies, provision of health services and the regulation of activities in the health sector.

The Ministry of Health translates government policies on health into sector policies to guide implementation by the agencies. It also has the responsibility for monitoring the implementation of such policies from a sector-wide perspective. To ensure effective implementation of the health policy, the Ministry of Health shall:

- Mobilize resources and ensure that these are allocated in accordance with the national priorities on health
- Set up a Strategic Initiative Fund, in consultation with the Ministry of Finance, to support cross-sectoral implementation of programmes and new initiatives aimed at enhancing the outcomes of the government's policies on health.
- Provide evidence in the form of information through routine and research data to support the review and formulation of policies.
- Formulate policies aimed at improving access, quality and effectiveness of health services

Conduct a health impact assessment of major projects and programmes to ensure that the health of the population is not jeopardized.

- Monitor the implementation of all health policies, plans and programmes.



*Beauty and wealth the epitome of health*

Technical Advisory Committee (TAC). A multi-sectoral Technical Advisory Committee shall be set up to advise the Minister on health and health-related issues. Specifically, the TAC shall:

- Advise the Minister on changes in policy direction required, with the aim of creating the necessary environment for maximizing the health of people living in Ghana.
- Make recommendations to steer the integration of the health policy into the national development agenda
- Promote comprehensive (cross-sectoral) implementation of health programmes to improve overall outcome on investments in health
- Monitor the contribution of other sectors to the health delivery in the country
- Monitor cross-sectoral plans, commitments, investments and contribution to health delivery

The Technical Advisory Committee shall be made up of:

- A representative of the National Development Planning Commission (NDPC)
- A representative of the National Population Council
- A representative of the Ministry of Justice and Attorney General's Department
- A representative of the Ministry of Agriculture
- A representative of the Association of Ghana Industries
- The Chairman/Chairperson of the Ghana Health Service Council
- The Chairman/Chairperson/Representative of Chairmen of the Boards of the Teaching Hospitals (consider rotation)
- A representative from the Ministry of Finance to represent all ministries, departments and agencies responsible for finance and the economy
- A representative of the Ministry of Trade
- A representative of the Ministry of Information
- A representative of the Ministry of Women and Children's Affairs
- A representative from the Ministry of Local Government and Rural Development, representing all ministries, departments and agencies responsible for good governance
- A representative from the Ministry of Works and Housing to represent all ministries Departments and Agencies responsible for infrastructure development
- A representative from the Ministry of Education and Sports to represent all ministries, departments and agencies responsible for social services and the protection of the vulnerable
- Civil society representation (2)
- A representative from the development partners

The TAC shall establish six multi-sectoral technical sub-committees to provide support and evidence to help in the decisions of TAC. Specifically, the sub-committees will:

- Advise on prospective changes in government policies related to health, both those that would be implemented by the health sector and those within the purview of other MDAs

- Identify key areas of implementation relating to other sectors
- Provide technical support to other sectors in the implementation of health programmes

The six sub-committees shall be as follows:

- Healthy lifestyles and healthy environment
- Health, population and nutrition services
- Health capacity development and financing
- Health industry
- Health governance and partnerships
- Research, Information, Monitoring and Evaluation

The Policy Planning, Monitoring and Evaluation Directorate of the Ministry of Health shall be the Secretariat of the technical advisory committee.

The Ghana Health Service is responsible for the delivery of primary and secondary care services in Ghana. These services are provided through government-owned health institutions such as maternity homes, clinics, health centres, polyclinics and hospitals. Specialized hospitals such as the psychiatric hospitals and the leprosaria are also included in the service outlets of the Ghana Health Service. As part of the effort to improve access to health services, the Community-Based Health Planning and Services has been designated as another level of health care delivery which combines public health and basic clinical care activities.

The Teaching Hospitals provide tertiary and specialist services and act as the main referral centres in the country. Apart from their teaching responsibilities, each of the teaching hospitals has a number of centres of excellence that provide services to patients from Ghana and other countries. The teaching and service delivery responsibilities of the teaching hospitals shall be adequately segregated and shall be managed through a contractual arrangement between the Ministry of Health and the Ministry of Education

The Regulatory Agencies in the health sector focus mainly on consumer or client protection by ensuring that the requisite and appropriate human resources for service delivery are available at recognized service delivery points. They also ensure that products for service delivery are safe, efficacious, and of good quality, and that service delivery outlets and practices meet prescribed standards.



*Teaching hospital constantly create wealth as they provide health*

## **Other Ministries, Departments, Agencies**

Other MDAs will be key to the implementation of this policy. These include:

**National Development Planning Commission** – The National Development Planning Commission is responsible for macro planning at the national level. It will work with the Ministry of Health to set overall policy goals and targets that will help to achieve the health status goals of the National Health Council. The NDPC shall also monitor the attainment of these goals and targets in the context of the overall national development efforts.

**National Population Council** – The National Population Council monitors the attainment of the health goals of the national population policy. The Ministry of Health shall work with the NPC in the design and implementation of health programmes under the national population policy. The emphasis shall be to prevent avoidable deaths among mothers and children; prevent unwanted and unplanned pregnancies; provide quality delivery population services; and provide post-natal and post-abortion care.

**Agencies responsible for good governance** – These include among others the Attorney General’s Department, the Police, the Judiciary,

the Auditor General, Parliament, the National Procurement Authority and the Commission on Human Rights and Administrative Justice. These agencies protect and safeguard the territorial integrity of the nation and seek the wellbeing of Ghanaians. They work to promote integration of the people of Ghana and to prohibit discrimination in any form or manner. The Ministry will collaborate with these agencies to develop and monitor policies and programmes that lead to the enforcement of health-related internal laws; and encourage overall adherence to national commitments towards global, regional and sub-regional agreements and initiatives.

**Agencies responsible for finance and the economy** – These agencies include the Ministry of Finance and Economic Planning, the Controller and Accountant General Department, and banks. These agencies are responsible for managing the economy and are charged with the responsibility of ensuring the availability of resources to secure the welfare and adequate means of livelihood for all Ghanaians. The Ministry will collaborate with these agencies to mobilize and allocate resources equitably for promoting and maintaining good health and for the prevention of ill health.

**Agencies responsible for infrastructure and environment** – The worsening of some key health indices can be directly attributed to the lack of adequate and appropriate infrastructure such as roads, transport and communication, particularly in the rural areas. Deaths from road traffic accidents, high maternal mortality, the persistence of malaria and the high incidence of tuberculosis are some of the major diseases and health problems that can be drastically minimized by improving the planning of the infrastructure and by investment in a healthy environment.

Improvements in the communication infrastructure have also been identified as a key requirement in support of the current drive to improve access to health care across the country, and in the efforts to improve quality and efficiency of health service delivery. In the implementation of the health policy therefore, agencies responsible for infrastructure and the environment will be called upon to:

- Design and implement infrastructure development to minimize accidents and injury and to create conditions that will prevent diseases, disability and death.

- Expand roads and communications infrastructure to help the direct delivery of health care to people living in rural areas
- Give priority to the planning of human settlements and sound environmental practices to enhance the quality of life and wellbeing of Ghanaians.

### **Agencies responsible for social services and protection of the**

**vulnerable** – Access to social services by all citizens is guaranteed by the 1992 constitution of Ghana, and underpins the central motive of the national health policy. The welfare of vulnerable groups and the creation of opportunities for the disadvantaged are also seen as fundamental rights of all citizens of Ghana. Social sector services are therefore aimed at the creation and maintenance of the human capital necessary for the creation of wealth for the country. In this regard these services promote wellbeing of the individual, the family and the community by ensuring availability and access to social services including education and health. To support the implementation of the national health policy, agencies responsible for social services shall:

- Ensure that health, healthy living and avoidance of risk factors to poor health feature prominently on the educational curricula at all stages of education.
- Put in place systems for the identification and procurement of health services for the poor and vulnerable.
- Mobilize the population for the promotion and adoption of healthy lifestyles in a sustained manner.

### **Donor participation and aid coordination**

Donors and international non-governmental organizations play a key role in the health sector. This role was redefined under the sector-wide approach, which placed emphasis on a common funding arrangement and defined mechanisms for joint monitoring and evaluation of programmes in the health sector. Donor participation in this partnership arrangement is clearly outlined in the Common Management Arrangements for the implementation of the Health Sector Five Year Programme of Work. The implementation of the National Health Policy will require the continued support of health partners from an increasingly strategic perspective. In this regard:



- Partnership arrangement for the implementation of the national health policy will be supported by strengthening external aid coordination at national and sectoral level
- Advocacy for donors to support for health-related programmes in all sectors will be vigorously pursued
- Within the health sector, the use of the Common Management Arrangements as a guide for donor participation in the health sector will continue to receive prime attention.
- Steps will be taken to enhance the donor role in monitoring and evaluation of health programmes.

## **Planning, monitoring and evaluation**

A participatory planning process involving the relevant sectors and stakeholders will be instituted. As part of this process the Ministry will collaborate with sectors to develop harmonized, multi-sectoral plans that respond to the challenges identified in this policy. Such plans will derive from the mandates of each sector, being as far as possible part of each sector's annual plans and financed from each sector's own budget.

A multiphase approach to monitoring the implementation of the national health policy shall be adopted. To a large extent the principle of peer review will also be applied in cross-sectoral assessment of the implementation of the policy. Independent reviews and inter-sectoral performance assessment shall precede finalization of data on performance in key areas identified as critical to the implementation of the national health policy.

Cross-sectoral monitoring shall focus on sector commitments to health development through sectoral plans and budgets, and on their contribution towards the attainment of the national goals and targets. Specifically, efforts will be made at reviewing priorities and financial commitment to programmes that impinge on health at all levels.

Periodic evaluation will be promoted and shall be based on the annual review format outlined in the Common Management Arrangements for the implementation of the health sector Five Year Programme of Work.

## 12. Conclusion

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This policy has defined the principles and objectives for improving population health and nutrition status and reducing inequalities in health in Ghana. Its vision is that of creating wealth through health. This vision has been set within the national goal of transforming Ghana into a middle-income country by 2015. In that regard, the policy prioritizes health, and places it squarely within the national framework of socio-economic development. The policy also provides a framework, foundation and model for future investment and action in the health sector. Strategic and detailed operational plans for implementing the actions identified in this policy will be developed. Implementation will be coordinated, monitored and governed by multi-sectoral stakeholders.



*Finally ... Whatever is health is wealth*