World Health Organization

African Region

Country Cooperation Strategy

2024–2028

Ghana

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Designed in Brazzaville, Republic of Congo

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Message from the Minister of Health of Ghana

We are pleased to sign the World Health Organization (WHO) Country Cooperation Strategy (CCS) 2024–2028. Ghana has recorded improvements in several health indicators over the years and progressing towards the achievement of universal health coverage (UHC) in line with the 2030 UHC Roadmap.

The previous CCS was instrumental in scaling up the achievements of the health-related Sustainable Development Goals; controlling communicable and noncommunicable diseases (NCDs); and health system strengthening with a focus on primary health care (PHC), while providing support for Ghana's Health Sector Medium-Term Development Plans (HSMTDP) and the Ghana Shared Growth and Development Agenda.

The three strategic priorities of this CCS are aligned with the HSMTDP for 2022–2025 and complement the five-point guiding principles of the UHC Roadmap. The new CCS allows us to move forward in the cooperation agenda and, at the same time, expand Ghana's objectives with the purpose of strengthening accessibility and equity in service delivery, the health system's response capacity and resilience, while promoting a healthy lifestyle and enhanced pandemic prevention, preparedness, and response, learning the lessons from COVID-19.

The MoH is committed to working with partners on result-oriented actions at all levels for implementing the Health Strategic Agenda. We will leverage the robust nationwide partnership and commitment to implement, monitor, and report on health-related indicators. This is backed by strong political will, collective ownership, shared responsibilities, integrated planning, and supportive legal frameworks.

I want to congratulate WHO for taking the necessary steps to develop the CCS through a consultative process with the Ministry of Health, other line ministries and stakeholders. The CCS indeed has a multisectoral dimension with a gender lens that will ensure "All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use."

I am confident that the implementation of this CCS will push forward the country's health agenda for better health by promoting equity in access and utilization of quality essential health services and better protect the population from health emergencies whilst ensuring better health and well-being for all through an integrated multisectoral approach to stimulate national development.

I believe that WHO, as the lead agency in global health, will guide other stakeholders through the implementation of the strategic priorities of this CCS to meet the targets set in HSMTDP and ensure health and development for the people of Ghana.

We shall go forward, together, working towards the right to health for all people in Ghana, without leaving anyone behind!

Dr Bernard OKOE-BOYE
Minister of Health of Ghana

Foreword

The World Health Organization's Third Generation Country Cooperation Strategy crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that it provides a country-specific, medium-term strategic vision for the World Health Organization's cooperation with Member States. It reflects the ongoing initiatives of the Transformation Agenda of WHO in the African Region as well as the key principles of the Thirteenth General Programme of Work at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures to inform the implementation of WHO's programme budgets. The ultimate objective of the CCS is to make WHO more effective in its support to countries, through calibrated WHO presence and tailored responses to the needs of each country

The Third Generation CCS builds on lessons learnt from the implementation of the earlier generations of the country cooperation strategies, countries' priorities as reflected in their national policies, plans and priorities, and the United Nations 2030 Agenda for Sustainable Development. The CCS must also take into consideration the global and regional health context and facilitate the acceleration of investments towards universal health coverage.

Progress towards universal health coverage requires an approach to health service delivery that is people-centred, inclusive, affordable, improves the quality of services and ensures the integration of interventions. To that end, I urge WHO offices to effectively use the CCS in operational planning, improving resource mobilization, strengthening partnerships and enhancing the Organization's country presence.

Over the past years, Ghana and WHO have implemented two cooperation strategies, with important contributions to the tremendous progress made in the health sector. I applaud the Government of Ghana for the strong leadership and for the significant advances in improving health and well-being, including the declaration of the country as polio-free, accelerated progress towards paediatric HIV and TB targets through triple elimination of mother-

to-child transmission of the disease, strengthening surveillance for *gambiense* human African trypanosomiasis (g-HAT), and integration of mental health into primary health care. Ghana, with WHO's technical support, also demonstrated the value of the RTS,S malaria vaccine through its participation in the Malaria Vaccine Implementation Programme (MVIP), contributing significantly to the global understanding of the vaccine. In the efforts to promote a healthier population, the country strengthened food safety emergency management, revised Ghana's Essential Nutrition Package and harmonized the climate change vulnerability and adaptation assessment.

I would like to thank the Ministry of Health and the WHO team in Ghana for having performed a rigorous exercise in consultation with stakeholders to identify how WHO can best contribute to a healthier Ghana. The WHO Regional Office is fully committed to providing strategic and technical support to advance these priorities, so that the related targets can be achieved.

I call on all WHO staff under the direction of the WHO Representative to redouble their efforts to ensure the effective implementation of the programmes described in this document in order to improve people's health and well-being, which are key factors for the economic development of Africa.

I recognize that increased efforts will be needed in the coming years, but I remain convinced that with strong leadership by governments and strengthened, transparent, and more resolute collaboration among technical and financial partners, together we can work towards the achievement of national, regional, and global health objectives.

Dr Matshidiso MOETI
WHO Regional Director for Africa

Preface

The WHO Third Generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO capacity and make its deliverables more responsive to country needs. It reflects the WHO Thirteenth General Programme of Work (GPW 13) at country level and aims at achieving greater relevance of WHO's technical cooperation with Member States by focusing on identification of priorities and efficiency measures in the implementation of the WHO Programme Budget. It also reflects the Fourteenth General Programme of Work and is anchored in the SDG principle of leaving no one behind. It considers the role of partners, including non-State actors (NSAs) supporting the Government and communities. The CCS is being formulated within the Transformation Agenda of the WHO Secretariat in the African Region, which adopts a smart focus, is results-oriented, accountable, and effectively communicates with partners.

The Third Generation CCS draws on lessons from the implementation of the first, and second generation CCSs, the country focus strategy, and the United Nations Sustainable Development Cooperation Framework (2023–2025). The CCS is also in line with the global health context and the move towards universal health coverage, integrating the principles of alignment, harmonization and effectiveness, as formulated in the Paris Declaration of 2005 and the Busan Agreement of 2011 on Aid Effectiveness and the principles underlying the "Harmonization for Health in Africa" (HHA) and the "International Health Partnership Plus" (IHP+) initiatives, reflecting the policy of decentralization and enhancing the capacity of governments to improve the outcomes of public health programmes. The strategy has three distinct priorities: improving universal access to essential health services through the primary health care approach; health emergency preparedness and response; and addressing social, economic and environmental determinants of health using multisectoral approaches.

The document has been developed in a consultative manner with key health stakeholders in the country and highlights the expectations of the work of WHO in Ghana. In line with the

renewed country focus strategy, the CCS is to be used to communicate the involvement of WHO in Ghana; formulate the WHO Ghana workplan; advocate and inform the Country Office partnership and resource mobilization strategy, coordinate with partners and shape and deliver the health dimension of the UN Cooperation Framework and other health partnerships in the country.

I believe that the current document will help to further strengthen the partnership between the Government of Ghana and WHO for improved health outcomes, which will contribute to better health and development in Ghana. The WHO team across the three levels of the Organization remains committed to providing continued support to Ghana.

Dr Frank John LULE
WHO Country Representative in Ghana

Abbreviations

AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
CHAG	Christian Health Associations
CHPS	Community-based Health Planning and Services
CSOs	civil society organizations
CSU	Country Support Unit
DHIS2	District Health Information Software version 2
DPHEMC	District Public Health Emergency Management Committees
DPs	development partners
DSD	Disease Surveillance Department
EPI	Expanded Programme on Immunization
FDA	Food and Drugs Authority
FRH	family and reproductive health
Gavi	Gavi, The Vaccine Alliance
GDHS	Ghana Demographic and Health Survey
GDP	gross domestic product
GHS	Ghana Health Service
GMHS	Ghana Maternal Health Survey
GPEI	Global Polio Eradication Initiative
GPW 13	Thirteenth General Programme of Work
GSGDA	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Services
HEFRA	Health Facilities Regulatory Agencies
HHFA	Harmonized Health Facility Assessment
HRH	human resources for health
HSMTDP	Health Sector Medium-Term Development Plans
HSWG	Health Sector Working Group

IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
JEE	joint external evaluation
LEAP	Livelihood Empowerment Against Poverty
LNOB	Leave no one behind
MAF	MDG5 Acceleration Framework
MDGs	Millennium Development Goals
MHA	Mental Health Authority
MICS	Multiple Indicator Cluster Survey
MNT	maternal and neonatal tetanus
MoH	Ministry of Health
MPDSR	maternal and perinatal death surveillance and response
MTNDPF	Medium-Term National Development Policy Framework
NACP	National AIDS Control Programme
NAPHS	National Action Plan for Health Security
NBS	National Blood Service
NCDs	noncommunicable diseases
NDPC	National Development Planning Commission
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
NTCC	National Technical Coordination Committee
NTDs	neglected tropical diseases
OPD	outpatient department
PCT	preventive chemotherapy
PHC	primary health care
PHE	public health emergency
PHEOCs	public health emergency operations centres
PMTCT	prevention of mother-to-child transmission
RMNCAH	reproductive, maternal, neonatal, child and adolescent health
RPHEMC	Regional Public Health Emergency Management Committees

SDGs	Sustainable Development Goals
UCN	Universal Health Coverage Communicable and Noncommunicable Diseases Cluster
UHC	universal health coverage
UNDAF	UN Development Assistance Framework
UNDP	United Nations Development Programme
UNSDCF	UN Sustainable Development Cooperation Framework
UNSDP	United Nations Sustainable Development Partnership
VSD	Veterinary Service Directorate
WASH	water, sanitation and hygiene
WHO	World Health Organization


VACCINATE.
TO PROTECT YOUR CHILDREN.
Polio vaccine is given at
• birth or soon after birth
• 6 weeks
• 10 weeks
• 14 weeks
Ensure that all your children under 5 years of age are fully vaccinated according to the national immunization schedule.
MALARIA VACCINE - RTS,S (MOSQUIRI
Protect your child from malari
Get your child vaccinated with 4 dos
18 months
7 months
In addition to vaccination,
VACCINATOR

Executive summary

The World Health Organization (WHO), a Member State Organization, commemorated its 75th year of leading global health in April 2023. Ghana, however, became a member of the World Health Organization in 1958 and signed the Basic Agreement in 1957. Over the last 65 years therefore, WHO has worked in close collaboration with the Ghanaian Government and its Ministry of Health to establish a wide array of collaborative programmes to promote better public health impact and outcomes.

Health and development in Ghana

Ghana has a hierarchical health system structure as seen in many other countries around the world. The Ministry of Health (MoH) is the apex body charged with the responsibility to formulate policies, mobilize resources for the implementation of the policies, and monitor and evaluate them to improve the health outcomes of the population. The MoH has 30 agencies that have specific health-related mandates to implement policies and programmes of the sector. Health service delivery is organized in a three-tier arrangement (primary, secondary, and tertiary levels), with Government, development partners, civil society and the private sector all playing a part.

Ghana has made remarkable achievements in the past decade in improving the health and well-being of its population through the reduction in morbidity and mortality due to neglected tropical diseases (NTDs), and controlling outbreaks of diseases like Marburg virus, anthrax and Lassa fever. Ghana was also validated for the elimination of the *gambiense* human African trypanosomiasis (g-HAT) as a public health problem, bringing to three the number of NTDs eliminated or eradicated in the country. However, there are still challenges in reducing maternal mortality, which stands at 263 per 100 000 live births, and tackling anaemia in children, which is currently at 49%. In addition, communicable and noncommunicable diseases (NCDs), including mental health problems, continue to be a burden and major causes of morbidity and mortality that strain the country's limited human, financial and medicinal resources.

The health situation in Ghana is a complex interplay of progress and ongoing challenges, requiring a multisectoral approach to effective preparedness and response. Key issues and challenges in the health sector include poor sanitation and limited access to quality, integrated health services, resulting in high preventable morbidity and mortality; impacts of climate change on public health emergencies; malnutrition with high rates of undernutrition especially among children aged under 5 years and with overnutrition (overweight and obesity)

increasing particularly among the urban population; increase in the burden of noncommunicable diseases resulting from air pollution, climate change, and violence; increasing population with varied disparities between regions, rural and urban wealth quintiles, with the poor and vulnerable being the most affected; and weak coordination and suboptimal harmonization between public and private health service providers, including traditional social support systems.

The country is committed to addressing these issues to improve the health outcomes of its population and has developed several strategies, such as the Health Sector Medium-Term Development Plan (HSMTDP), the UHC Roadmap and Networks of Practice (NoPs) to address them.

Ghana benefits from a broad variety of development partners that support the Government's health and development priorities. The partnership environment is characterized by active engagement, collaboration, and mutual support among various stakeholders in the health sector. This is crucial for the successful implementation of health initiatives and achieving the set goals. The Health Sector Working Group (HSWG) and the Annual Health Summits are platforms used for monitoring and assessing partnerships and development cooperation.

The implementation of the CCS is a collaborative effort that requires active engagement from all stakeholders, including the Government, development partners, civil society, and the private sector. The goal is to improve health outcomes and progress towards universal health coverage and the Sustainable Development Goals in Ghana. The strategy will be implemented through a multidisciplinary approach that includes policy support, capacity-building, and collaboration with various stakeholders. The focus areas of the implementation include governance, financial risk protection, availability of medicines and technologies, human resources for health, communicable and noncommunicable diseases, data generation, and addressing risk factors for health.

Monitoring and evaluation are essential components of the CCS, ensuring that the strategic priorities are effectively implemented and contribute to the improvement of health outcomes in Ghana. The monitoring and evaluation will be in collaboration with the Ministry of Health and other stakeholders and will involve regular assessments of the implementation of the strategy, including the effectiveness of interventions, the achievement of outcomes, and the impact on health indicators. It also includes the use of data and evidence to inform decision-making and improve the quality of health services.

The strategic agenda of the Third WHO Ghana Country Cooperation Strategy 2024–2028

The development of the Country Cooperation Strategy was based on a consultative and participatory process

with strong commitment and support from the MoH. The strategic agenda of the CCS outlines three strategic priorities (SP), 15 focus areas (FA) where WHO will focus its technical cooperation over the period 2024 to 2028, and strategic deliverables to be used by WHO to support the focus areas. Each FA is linked to the national health strategic priorities, the GPW 13 and 14 strategic priorities, the Sustainable Development Goals (SDGs) and the outcomes of the UN Sustainable Development Cooperation Framework (2023–2025). The work of WHO during this period will be supported by several partners in health. There is a sector-wide approach to facilitate coordination of the efforts of partners. The jointly agreed three strategic priorities, which are in alignment with the National Health Priorities, the WHO GPW 13 extended to 2025, GPW 14, and the UN Sustainable Development Cooperation Framework (2023–2025) are:

1. **Strategic priority 1:** improving universal access to essential health services through the primary health care approach

2. **Strategic priority 2:** health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system

3. **Strategic priority 3:** addressing social, economic, and environmental determinants of health; promoting high-impact interventions to address public health risks using multisectoral approaches.

1. Introduction

The Country Cooperation Strategy (CCS) is WHO's strategic framework to guide the Organization's work in and with Ghana. It responds to Ghana's National Health and Development Agenda and identifies a set of agreed joint priorities for WHO collaboration, covering those areas where the Organization has a comparative advantage to assure public health impact. The CCS is WHO's corporate framework strategy to implement the Thirteenth and Fourteenth General Programmes of Work (GPW 13 and GPW 14) with a response to country needs and priorities and addresses the 2030 Agenda for Sustainable Development in health-related Sustainable Development Goals (SDGs).

The CCS for Ghana describes how the three levels of WHO, namely headquarters, the WHO Regional Office for Africa and the Country Office will work to achieve the country's health sector objectives. It forms the basis for the bottom-up planning process, consisting of identifying a focused and coherent set of priorities that respond to the country's needs.

The first CCS (CCS I: 2002–2005) in Ghana focused on providing close support to Ghana's Growth and Poverty Reduction Strategy (2001–2005), and the health sector's five-year Programme of Work (2001–2006). It was based on four major priority areas of cooperation, namely: health systems strengthening, scaling up of priority health interventions, strengthening Management Information Systems and Surveillance; and health promotion.

The second generation Country Cooperation Strategy (CCS II: 2008–2013) and its extension to 2017 also had four strategic areas of cooperation, namely: contributing to scale-up of interventions to achieve the health-related Millennium Development Goals; intensifying efforts to control communicable and noncommunicable diseases and mental health (NCDs/MH); contributing to health system strengthening with a focus on primary health care (PHC); and contributing to action on social determinants of health. CCS II provided support for Ghana's Health Sector Medium-Term Development Plans (2010–2013 and 2014–2017) and the Ghana Shared Growth and Development Agenda (GSGDA) 2010–2013 and 2014–2017.

Between 2018 and 2023, there was a draft CCS, which, though not approved, guided the Organization's programming within the period. The draft CCS had three strategic priorities, namely; strengthening the health system based on PHC towards universal health coverage; health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening

national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system; and addressing social, economic, and environmental determinants of health: promoting high impact interventions to address public health risks using multisectoral approaches. It provided support for Ghana's Health Sector Medium-Term Development Plans (2018–2021 and 2022–2025), Ghana's Share Growth and Development Agenda (GSGDA) 2018–2021, Ghana's Coordinated Programme for Economic and Social Development Policies 2021–2025, Medium-Term National Development Policy Framework (MTNDPF) 2022–2025 and United Nations Partnership Framework 2018–2022.

CCS III will cover the years 2024–2028 and has been aligned with national and United Nations plans. It is the third successive CCS, and it defines WHO's cooperation with Ghana in achieving the country's Health Sector Medium-Term Development Plans (HSMTDP) (2022–2025). In addition, it is the means through which the WHO Thirteenth General Programme of Work is implemented in Ghana. CCS III is designed based on the successes and lessons learnt from the previous CCS documents to increase the effectiveness of WHO and improve its responsiveness to national needs and priorities and reflect the changing aid environment.

The principles underpinning the CCS are based on country ownership of development, and alignment of health policies and plans with the work of other UN agencies and development partners. It is in line with the collective support of UN Agencies at the country level that are contributing towards meeting national development priorities and international commitments.

CCS III is prepared within the framework of national and international health priorities as outlined in:

- Sustainable Development Goals (SDGs)
- The Universal Health Coverage Roadmap 2030
- Ghana's Health Sector Medium Development Plans 2022-2025
- Ghana's Coordinated Programme for Economic and Social Development Policies 2021–2025
- Medium-Term National Development Policy Framework (MTNDPF) 2022–2025
- United Nations Sustainable Development Cooperation Framework 2023-2025
- The International Health Regulations (IHR 2005) and the Joint External Evaluation (JEE) report on Ghana's IHR core capacities
- WHO Thirteenth General Programme of Work (GPW 13) 2019-2023, extended till 2025
- WHA (World Health Assembly) resolution on Behavioural Sciences for Better Health 2023
- WHO Fourteenth General Programme of Work (GPW 14) 2024-2028

- Leave no one behind: Strengthening health systems for UHC and the SDGs in Africa
- Pathways to Ghana's Food Systems Transformation 2021
- The Transformation Agenda of WHO in the African Region launched in 2015 and being implemented in phases.

CCS III has been developed following an extensive review of the previous CCSs. The recommendations were incorporated into the consultative process with key stakeholders including senior officials of the Ministry of Health, Ghana health service, other sector ministries and departments, the Ghana Coalition of NGOs in health, academia, development partners and the UN.

2. Health and development situation

2.1 National context

Ghana is bordered to the south by the Atlantic Ocean, to the east by Togo, to the west by Côte d'Ivoire and to the north by Burkina Faso. It covers an area of 238 535 km^2 (92 099 sq m), spanning diverse biomes that range from coastal savannas to tropical rainforests. It is the second most populous country in West Africa, after Nigeria, with a population of approximately 31 million people and an annual growth rate of 2.1%[1]. There are 16 administrative regions in Ghana, which are further divided into 261 local Metropolitan, Municipal and District Assemblies (MMDAs). These MMDAs develop, plan, and mobilize resources for the development of their localities.

Politically, the country has made major strides towards democracy under a multiparty system in the past two decades. It has a stable political economy, with presidential and legislative elections held every four years since the inception of the Fourth Republic after the promulgation of the 1992 Constitution[2]. Its position as a model of democracy in Africa has been strengthened with the smooth transition from one Government to another, the fourth time during the Fourth Republic, and the third from one political party to another. This has contributed to its ranking as one of the top three African countries for freedom of speech and of the press.

Ghana is a multi-ethnic country with a diverse population and linguistic and religious groups. Three out of the nine major ethnic groups (Akan, Mole-Dagbani and Ewe) constitute more than three quarters (77%) of the population.[3] Most of the population (more than 70%) are Christian; close to one fifth are Muslims; and one tenth practise traditional faiths or report no religion. Over the years, the country has performed well in health care, economic growth, and human development.

Ghana is behind other lower middle-income countries in important human development indicators.[4] The country had a Human Development Index of 0.602 with a rank of 145 out of 193 countries).[5] Inequality has increased since the 1990s, fuelled by poor macroeconomic performance and a lack of inclusive growth with a GINI coefficient of 43.5.[6] Ghana's macroeconomic status

1 2021 population and housing census
2 2015 National Health Accounts
3 2021 population and housing census
4 Ghana's macro-economic performance deteriorated rapidly after being reclassified following the decline in the GDP-growth rate from 14 % in 2011 to 2.1 % in 2015.
5 https://hdr.undp.org/data-center/human-development-index#/indicies/HDI
6 Gini coefficient: measure of the deviation of the distribution of income among individuals or households in a country from a perfectly equal distribution. A value of 0 represents absolute equality, a value of 100 absolute inequality. Gini index - Ghana | Data (worldbank.org)

has been negatively impacted by global conflicts. In addition, it has experienced the depreciation of the national currency, the cedi, has a high debt burden, and has also experienced the rising cost of food and other imports, inflation, and rising interest rates. The growing debt levels and debt service costs present a key risk to fiscal stability, potentially crowding out social spending and inhibiting the enabling environment for private sector growth.

Economically, Ghana grew at an average of 7% per year between 2017 and 2019.[7] This rapid growth, however, was halted by the COVID-19 pandemic, the March 2020 lockdown, and a sharp decline in commodity exports, among other factors. The economic slowdown had a considerable impact on households.

After slowing to 0.5% in 2020, growth rebounded to 5.4% in 2021, influenced by the agriculture and services sectors. Gross domestic product (GDP) growth is expected to average 3.3% over 2022-2024 as macroeconomic instability and corrective policy measures depress aggregate demand. The fiscal deficit is projected to remain high in 2023 (9.2% of GDP) and beyond. Improvements are projected to take place gradually with contributions from revenues and expenditure.

The poverty rate is estimated to have increased slightly from 25% in 2019 to 25.5% in 2020. According to the Human Development Report 2023, 20.1% of the population are in multidimensional poverty. Poverty in Ghana is skewed towards rural areas, with poverty most prevalent where heads of households are self-employed in agriculture. While urban poverty is severe in some geographical areas, rural poverty is almost four times higher than urban poverty, with significant differences between the north and south. While poverty levels in the north have dropped sharply, it remains the poorest area in the country, with economic growth challenged by underdevelopment and conflict, low rainfall, and the impacts of climate change,[8] under-resourced institutions and lower access to services compared to the south.[9]

Ghana continues to experience growing youth unemployment with an overall extremely high youth unemployment rate of 48% as of 2016. This was reduced to 32.8% in 2022. The phenomenon is considered a serious threat to national security, and the Government has devised many programmes to arrest the situation.

Poor literacy skills are a barrier to many opportunities in Ghana's information-based society and this also limits access to health information and health services. It has been estimated that 43% of the general adult population in Ghana have difficulties with reading and writing and this may be as high as 66% amongst females in rural communities. The state

7 World bank (2022) Ghana: Recent economic development and outlook for Ghana
8 World Bank (2021). Ghana Climate Risk Country Profile. Washington, D.C.
9 Index Mundi. Ghana Demographics Profile. www.indexmundi.com/ghana/demographics_profile.html

of sanitation remains poor, particularly in urban areas. Only 13% (2020) of the population use safely managed sanitation services, with about 17.78% (2020) of the population practising open defecation.[10] In major towns and cities, it is estimated that 22% of solid waste and 97% of liquid waste is not properly disposed of.[11] The main challenges confronting sanitation improvement in the country include inadequate financing of sanitation; inadequate policy and institutional coordination.

Ghana, like several other countries in the region, is not on track to achieve Zero Hunger (SDG 2) by 2030 nor the Global Nutrition Targets by 2025. The situation is worsened by the COVID-19 pandemic, climate change, and general economic conditions. High costs of food, especially fruits and vegetables and animal source foods, which constitute important aspects of healthy diets, make it difficult for most people to afford healthy diets. The consequence is the worsening of the triple burden of malnutrition; undernutrition, micronutrient malnutrition (MM) and overweight and obesity (OO).[12]

2.2 Health situation analysis

2.2.1 Health status indicators

Ghana has recorded improvements in several population health indicators over the years and is building on it towards universal health coverage (UHC) in line with the 2030 UHC Roadmap.

Life expectancy in Ghana has improved, increasing from 59.8 years for females and 57.8 years for males in 1990 to 66 years and 62 years respectively in 2021.[13] The country's under-five mortality rate declined from 111 deaths per 1000 live births in 2003 to 40 deaths per 1000 live births in 2022; representing a 64.0% reduction over the last two decades.

Similarly, the probability of an infant dying (infant mortality ratio) declined from 64 deaths per 1000 live births in 2003 to 28 deaths per 1000 live births in 2022 (56.3% reduction in two decades).[14] However, despite improvement in skilled delivery rate from 44.0% in 2003 to 86.0% 2022, maternal mortality ratio is still as high as 263 per 100 000 live births in 2020 (UN interagency estimates). The Institutional maternal mortality ratio (IMMR) in Ghana has been declining in recent years, with a decrease from 127.3 deaths per 100 000 live births in 2018 to

10 People practising open defecation (% of population) - Ghana | Data (worldbank.org)
11 Joint Monitoring Project Report, 2017
12 Pathways to Ghana's Food Systems Transformation 2021
13 Life expectancy at birth (years) (who.int)
14 Ghana Demographic and Health Survey 2022

117.5 deaths per 100 000 live births in 2019, 106.3 deaths per 100 000 live births in 2020, and 111.3 deaths per 100 000 live births in 2021 and further down to 102.1 per 100 00 live births in 2022. The leading causes are obstetric haemorrhage, hypertensive disorders in pregnancy and sepsis.[15] Poverty, high fertility rates, early childbearing and teenage pregnancies also contribute to the high number of maternal deaths.

There are significant disparities in the health indicators across populations and geographical locations in the country. For instance, the national contraceptive prevalence for modern methods in married women is 28% but it varies by regions, from 15% in Northeast to 36% in Ahafo and Western regions, leaving about 20% equity gap. Thus, the aggregate data continues to mask significant gender, socio-economic and geographical differences in health indicators that must be addressed to attain UHC.

Optimal infant and young child feeding (IYCF) practices are critical to the health and survival of young children. Overall, 58% of children aged 0–23 months engaged in early initiation of breastfeeding, 53% of children under 6 months were exclusively breastfed and 41% of children aged 6–23 months met the minimum dietary diversity requirement. As depicted in Figure 1, under five nutritional statuses have improved over the last decade, however there are disparities between rural and urban as well as geographical. The proportion of stunted children has decreased steadily from 35% in 2003 to 19% in 2014 to 17% in 2022. Stunting is higher in rural areas (20%) compared to 15% in urban areas, also the Northern region has the highest stunting rates of 30%. The proportion of wasted children has decreased from 8% in 2003 and 9% in 2008, to 5% in 2014 with a slight increase to 6% in 2022. The proportion of underweight children has decreased from 18% in 2003 to the current level of 12% whilst overweight children fluctuated between 4-5% between 2003 and 2008 and is currently at 2%. Further data from the 2022 GDHS shows that about 49% of children in Ghana are anaemic. Out of these, 28% are mildly anaemic, 20% are moderately anaemic, and less than 1% are severely anaemic. Data from GDHS 2022 shows that, 58% of children aged 0–23 months engaged in early initiation of breastfeeding, 53% of children under 6 months were exclusively breastfed and 41% of children aged 6–23 months met the minimum dietary diversity requirement.

15 Ghana Health Services Annual report 2022

Figure 1. Trend of Nutritional Status under Age 5, 2003 – 2022

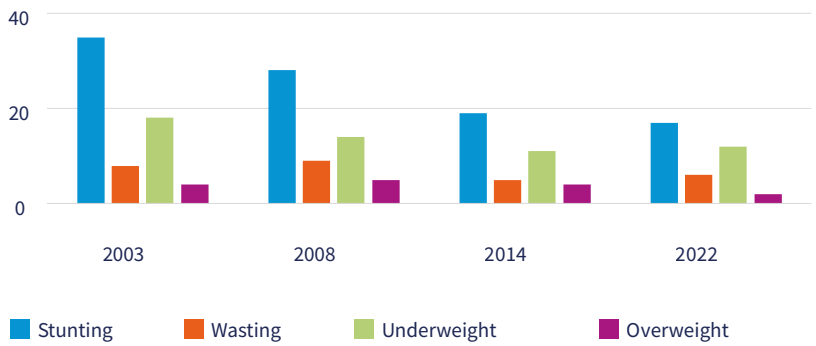
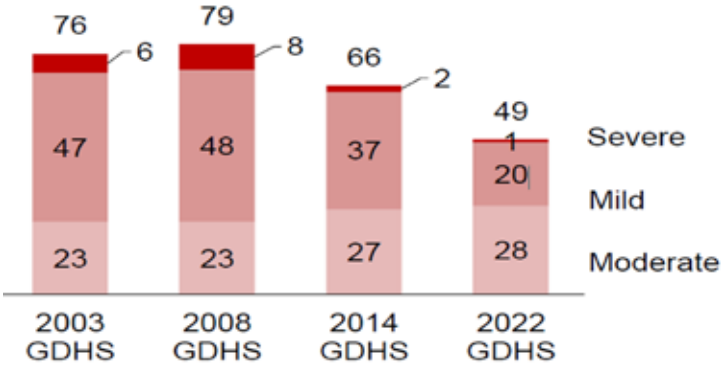


Figure 2. Trend of childhood Anaemia, 2003 – 2022



Source: GDHS, 2022

2.2.2 Burden of disease

Despite the progress made, malaria remains the top cause of morbidity, constituting about 20% of OPD attendances in 2022. There has been a significant reduction in parasite prevalence in children under 5 from 27.5%16 to 20.4%17 and 8.6%18 and institutional malaria deaths have reduced remarkably from 275 in 2021 to 146 in 202319. Other important causes of morbidity and mortality among children under 5 are acute respiratory infections and diarrhoea. Pneumonia, sepsis, and hypertension were the leading cause of death in 2022 based on hospital records

16 Multi-Indicator Cluster Survey (MICS) 2011
17 Multi-Indicator Cluster Survey (MICS) 2016
18 Ghana Demographic and Health Survey (GDHS) 2023
19 District Health Information Management System (DHIMS) 2

in Ghana, which was the same situation in 2021 (Table 1). The leading cause of morbidity, which has remained the same over the years, are other diseases, malaria, URTI, and rheumatism/joint pains/arthritis (Table 2).

HIV/AIDS remains a major health issue with an uneven disease burden and progress seen in various parts of the country. With a prevalence rate of 1.7% among the adult population, it is estimated that there are about 354 927 people living with HIV, including about 24 000 children. Overall, 16 574 new infections occur annually, and 9 400 AIDS-related deaths are reported every year. Antiretroviral treatment coverage among those diagnosed with HIV is only 63% among adults and 44% among children.

Tuberculosis remains a public health issue, with the End TB strategy milestones for 2020 off-track: for instance, 64% of people with TB faced catastrophic costs compared to a target of 0%. Both international and domestic financing directed towards

funding for TB has been in decline since 2019 which will adversely impact the ability to mount a sustained national response. An estimated 44 000 people fell ill with TB in 2022, with a mortality of 14 000 in 2022 (one person every 38 minutes). On a positive note, there has been a noticeable growth in people started on TB preventive treatment, and this needs to be sustained. There has also been an improvement in the treatment coverage (number of cases notified and reported by the NTP divided by the estimated incident TB cases), with the most recent being 37%, which is up from a range of between 28% to 32% seen during the period 2015-2020. There is an estimated 1.5 million people with hepatitis B and C with over 3 500 deaths every year from liver cancer and cirrhosis in Ghana. Over 80% of infected Ghanaians remain undiagnosed and have no access to testing and treatment. There is limited information about the burden of viral hepatitis in Ghana

The Neglected Tropical Diseases (NTDs) endemic to Ghana fall into the Preventive Chemotherapy (PCT) diseases group, namely lymphatic filariasis, onchocerciasis, trachoma, schistosomiasis and soil transmitted helminthiasis, and the Case Management diseases group comprising Buruli ulcer, yaws, leprosy and cutaneous leishmaniasis. Each region of Ghana is endemic for at least three NTDs with those in poor communities being most affected. In 2023, Ghana was successfully validated for eliminating gambiense Human African Trypanosomiasis (gHAT) as a public health problem in addition to Guinea Worm and blinding trachoma which were eradicated in 2015 and 2018 respectively.

In Ghana, noncommunicable diseases (NCDs) account for 43% of all-cause mortality excluding injuries[20]. The probability of dying from the four major NCDs in Ghana is high. In 2021, the age-standardized mortality rate across four

20 Beating noncommunicable diseases through primary health care WHO 2022 [Available Online]

major NCDs (cardiovascular disease, chronic respiratory disease, cancer and diabetes) was 750 per 100 000 in males and 563 in females. [21]

The major noncommunicable diseases of public health concern are cardiovascular diseases, hypertension, diabetes mellitus, cancers, asthma, and sickle cell disease. The most common cancers for women are cancers of the cervix and breast while for men they are liver and prostate cancer.[22] The prevalence rate for major depressive disorders is 2.6% and treatment coverage of 0.6% whilst prevalence rate for schizophrenia is 0.2% with treatment coverage of 33.2%

NCD risk factors include unhealthy diet, increased salt consumption, excessive alcohol intake and tobacco use. The 2022 GDHS reports obesity rates of 59.7% for women and 27.5% for men in urban areas. According to the Global Information System on Alcohol and Health, in 2019 the per capita alcohol consumption (15+) stood at 7.4 litres of pure alcohol for males and 1.8 litres for females compared to the global per capita average of 5.5 litres of pure alcohol per year. Tobacco use ranged from 0.3% among women to 4.4% among men. Changing these behavioural patterns requires a robust, context-specific understanding of the behaviours based on available scientific evidence and local data collection. By taking a participatory approach, including all stakeholders, programmes can be designed, implemented, and evaluated to impact the NCDs targeted.[23]

Evidence from the nationwide 2023 WHO STEPwise approach to NCD risk factor surveillance (STEPS) suggests a prevalence of hypertension among adults aged 18-69 years of 21.7%, while the prevalence of raised blood pressure among persons aged 18-69 years is 19.6% for both sexes with a sex disaggregated prevalence of 17.3% and 22.0% for men and women respectively.[24] From the same study, it was noted that the prevalence of raised blood glucose (%) among Ghanaians aged 18-69 years is 5.2% with the prevalence in men and women 5.0% and 5.4% respectively.

Ghana has shown limited progress towards achieving the diet-related noncommunicable disease (NCD) targets: 19.3% of adult (aged 18 years and over) women and 5.6% of adult men are living with obesity. Ghana's obesity prevalence is lower than the regional average of 20.8% for women and 9.2% for men. At the same time, diabetes is estimated to affect 7.6% of adult women and 7.3% of adult men.

Road traffic accidents take a heavy toll on Ghanaians with 2 084 deaths from crashes recorded in 2016, an increase of 15.6% over the 2015 figure. Males are significantly more affected accounting for 74.7% of road traffic fatalities while

21 WHO, Country Disease Outlook, Ghana, August 2023, available [Available online]
22 Laryea, Dennis O., et al. "Cancer incidence in Ghana, 2012: evidence from a population-based cancer registry." BMC cancer 14 (2014): 1-8
23 WHO global report on trends in prevalence of tobacco use 2000-2025, fourth edition (2021) [Available online]
24 WHO 2023 WHO STEPwise approach to NCD risk factor surveillance (STEPS), draft report, Accra, Ghana

the 26-35 years age-group is the age group with most fatalities. Ghana exceeds by a factor of 9 the WHO air quality guideline value for PM2.5. In addition, 77% of the population are without clean fuels and technology - a major contributor to household and ambient air pollution. It is therefore estimated that 48% of cardiovascular diseases could be prevented through cleaner air; 84% of the population are without access to safely managed sanitation and while access to drinking water has improved with 84% with access to basic services, more than half of the population are without safely managed drinking water (2022 data), leading to large additional disease burden, for example., from diarrhoea.

The national strategy to reform and strengthen the PHC system to address gaps in access, quality and equity is the Networks of Practice (NoPs) and the Model Health Centres. These networks are intended to "maximize efficiencies in the use of resources towards improving quality and coverage" by connecting primary care service points around a model health centre. The sub-district networks will include public and private service providers and will be nested within a district with strong linkages to district hospitals. The Government of Ghana (GoG) has identified health centres, with a level of care that falls between first-level hospitals and health posts (community-based health planning and services facilities), as the "hubs" for the networks of practice. This level of care is under-utilized by populations who tend to bypass it for higher-level care in hospitals. To enable designing an appropriate strategy to lower bypassing this level, a broader understanding of the enablers and barriers of these population groups is welcome.

In 2002, Ghana adopted the IDSR strategy and implemented it nationwide to improve the disease surveillance system. The strategy has since seen a decade of implementation and the number of diseases required for reporting increased from 23 in 2002 to 43 in 2011.[25][26] The IDSR strategy has contributed to increased surveillance report submission. It has also partly contributed to enhance analysis of surveillance data at the periphery health facilities.[27] There are also ongoing efforts to improve access to prevention, testing, and treatment services, as well as the need for continued advocacy to raise awareness about HIV and AIDS and reduce stigma and discrimination. Additionally, it provides relevant data for epidemiologists, researchers, policy-makers and other key stakeholders to accelerate efforts towards achieving

25 WHO-AFRO, CDC. Technical Guidelines for Integrated Disease Surveillance and Response in Ghana, 2nd Edition. Atlanta, USA. Second Editions ed.2011.17. GOG., MOH., NSU. Technical Guidelines for Integrated Disease Surveillance and Response in Ghana. Accra. 2002

26 The Integrated Disease Surveillance and response system in northern Ghana: challenges to the core and support functions. Available from: https://www.researchgate.net/publication/280570664_The_Integrated_Disease_Surveillance_and_response_system_in_northern_Ghana_challenges_to_the_core_and_support_functions [accessed Jul 23 2024]

27 The Integrated Disease Surveillance and response system in northern Ghana: challenges to the core and support functions. Available from: https://www.researchgate.net/publication/280570664_The_Integrated_Disease_Surveillance_and_response_system_in_northern_Ghana_challenges_to_the_core_and_support_functions [accessed Jul 23 2024]

90-90-90 by 2023, 95-95-95 by 2025 and HIV epidemic control by 2030.

The increasing burden of NCDs and associated risk factors have implications for health-care delivery in Ghana. In line with the objective of attaining UHC in a way that truly leaves no one behind, access to quality health care that ensures

financial risk protection for people with NCDs must be assured through the national health insurance scheme and other funding mechanisms. To tackle the scourge of noncommunicable diseases in the country, Ghana developed the National Policy: Noncommunicable Diseases 2022. The policy focuses on primary prevention (including health promotion, physical in-activities, alcohol/tobacco use, diet, nutrition, and immunization), and secondary/ tertiary prevention (including screening and early detection, clinical care/case management and palliative care). The country is also implementing other national food and NCD policies including legislation for mandatory salt iodization.

Table 1. Top ten causes of death, Ghana, 2020–2022[28]

Top 10 Causes of Death								
	2020			2021			2022	
Diagnosis	No. of cases	%	Diagnosis	No. of cases	%	Diagnosis	No. of cases	%
Cerebrovascular diseases	3 409	9.25	Unspecified sepsis	3 389	7.97	Pneumonia	1 498	3.98
Hypertensive heart diseases	3 211	8.72	Hypertension	2 907	6.83	Severe sepsis	1 373	3.65
Septicaemia	3 090	8.39	Unspecified pneumonia	2 783	6.54	Essential hypertension	960	2.55
Pneumonia	2 539	6.89	Stroke	2 753	6.47	Congestive heart failure	686	1.82
Other heart diseases	2 454	6.66	Anaemia, unspecified	1 441	3.39	Septic shock	639	1.70
Other and unspecified diseases of the respiratory system	2 358	6.4	Pneumonia due to aspiration	1 287	3.03	Cerebrovascular diseases, unspecified	631	1.68
Other diseases of the digestive system	2 214	6.01	Respiratory failure, unspecified	1 046	2.46	Chronic liver disease	500	1.33
Anaemias	1 616	4.39	Congestive Heart Failure	929	2.18	Acute respiratory failure	488	1.30
Diabetes Mellitus	1 293	3.51	Unspecified Diabetes Mellitus	846	1.99	Cerebral ischemic stroke	439	1.17
Other And Unspecified infectious Diseases	1 291	3.5	Respiratory Distress Syndrome	710	1.67	Hypertensive heart disease	433	1.15
All other diseases	13 369	36.29	All other diseases	24 447	57.47	All other diseases	29 987	79.68
Total	36 844	100	Total	42 538	100.00	Total	37 634	100.00

28 Ghana Health Service Annual Report 2022

Table 2. Top ten causes of morbidity, Ghana, 2020–2022

Top 10 Causes of Morbidity								
2020			2021			2022		
Diagnosis	No. of cases	%	Diagnosis	No. of cases	%	Diagnosis	No. of cases	%
Malaria	5 696 203	22.32	Malaria	6 171 531	20.95	Malaria	5 522 620	20.24
URTI	2 586 062	10.13	URTI	3 585 362	12.17	URTI	3 080 712	11.29
Rheumatism / other joint pains / arthritis	1 692 189	6.63	Rheumatism / other joint pains / arthritis	1 796 956	6.10	Rheumatism / Other joint pains / arthritis	1 518 435	5.57
Diarrhoea diseases	1 239 592	4.86	Diarrhoea diseases	1 381 487	4.69	Diarrhoea diseases	1 225 548	4.49
Anaemia	1 126 765	4.42	Anaemia	1 343 622	4.56	Anaemia	1 200 611	4.40
AUTI	954 860	3.74	AUTI	1 116 354	3.79	AUTI	1 044 508	3.83
Skin diseases	911 732	3.57	Skin diseases	987 029	3.35	Skin diseases	915 924	3.36
Intestinal worms	806 892	3.16	Intestinal worms	921 781	3.13	Intestinal worms	887 512	3.25
Hypertension	596 630	2.34	Typhoid fever	612 029	2.08	Typhoid fever	643 129	2.36
Typhoid fever	537 319	2.11	Hypertension	612 010	2.08	Hypertension	622 974	2.28
All other diseases	9 371 215	36.72	All other diseases	10 927 546	37.10	All other diseases	10 618 685	38.92
Total	25 519 459	100.00	Total	29 455 707	100.00	Total	27 280 658	100.00

Table 3. Top risks contributing to disability-adjusted life years (DALYs)[29]

GHE Causes 2021	DALY
Preterm birth complications	811.6
Parasitic and vector diseases	804.9
HIV/AIDS	708.9
Malaria	701.1
Stroke	693.2
Lower respiratory infections	689.5
Tuberculosis	635.4
Road injury	512.8
Birth asphyxia and birth trauma	497.5
Haemorrhagic stroke	412.3

2.3 Public Health Emergencies

Ghana is vulnerable to infectious disease outbreaks, epidemics as well as hazards and events of public health concern including chemical exposures and weather-related phenomena such as floods. The country faced an unprecedented cholera outbreak in 2014 with about 29 000 cases and over 240 deaths being reported. In recent times, the country has experienced epidemics and pandemics, such as H1N1, Coronavirus disease (COVID-19), Lassa Fever, Mpox and Marburg Virus Disease (MVD). These have had a devastating impact on Ghana's national health security interests. It is estimated that about 70% of epidemics are zoonotic in nature. This underscores the need to strengthen One Health approach to health emergency preparedness and response in the country. Prevalence of major depressive disorder stands at 2.6% and treatment coverage for Schizophrenia is about 33.2%.

Furthermore, climate change has impacted public health emergencies. Ghana endorsed the UAE COP28 declaration on climate and health. The flooding in the eastern corridor of Ghana in 2023, occasioned by the spillage of the Akosombo Dam affected about 35 000 persons from the Volta, Eastern and Greater Accra regions. Flooding increases the risk of foodborne and vector-borne disease outbreaks, and food and nutrition insecurity due to crop failures. Similarly, there are risks of other public events not biological in origin but due to chemical, mechanical, and/or radio-nuclear substances in Ghana.

29 Global health estimates 2021

Even though Ghana has not experienced civil conflicts of grave magnitude in recent times, the insurgences in neighbouring countries, especially in the Sahelian region, increase the risk of spillover effects of the conflicts. All these dynamics in public health risks require a multisectoral approach to effective preparedness and response. In this regard, WHO will collaborate with other UN agencies including UNHCR and IOM as well as government agencies such as Ghana Refugee Board and NADMO to develop the relevant strategic and contingency plans in response to the refugee situation in the country.

Several initiatives and interventions have been undertaken in Ghana to strengthen public health security. Ghana is a signatory to the International Health Regulations (IHR 2005) and has been implementing the integrated disease surveillance and response (IDSR) strategy to enhance preparedness, detection, and response to public health events. Secondly, the Public Health Act, 2012 Act 851, which consolidated all existing laws relating to public health was enacted for legal backing to disease prevention and disease control and health promotion across all domains of health. The IHR national focal point (NFP) is well positioned in the GHS Disease Surveillance Department (DSD) with authority to communicate directly with WHO on public health events. Various entities including the National Coordination Committee (NCC), the National Technical Coordination Committee (NTCC), the Regional Public Health Emergency Management Committees (RPHEMCs) and the District Public Health Emergency Management Committees (DPHEMCs) are responsible for coordinating activities at various levels during a public health emergency (PHE). There are also one National and four sub-national PHE Operations Centres (PHEOCs).

The IHR Joint External Evaluation (JEE), conducted in February 2017, highlighted some strengths and weaknesses in Ghana's preparedness and readiness to appropriately respond to public health emergencies. About 67% out of the 48 indicators covering the 19 JEE technical areas, capacities required to implement IHR were either limited or not available at all. Subsequently, an advanced costed multisectoral National Action Plan for Health Security (NAPHS) was developed in 2018 using a collaborative multisectoral process, with a focus on closing the identified gaps.

The GHS, VSD and partners have embarked on drafting one-health policy and a One-health technical working committee has been formed. The One-health committee led to the completion of the first National Bridging Workshop in 2022, where the recommendation to strengthen the Human-Animal-Environment health security issues was developed. With respect to antimicrobial resistance (AMR), technical capability for AMR surveillance exists at the teaching hospitals and the regional hospital laboratories while designated laboratories are conducting the detection and reporting of some priority AMR pathogens.

2.4 Health system organization and governance

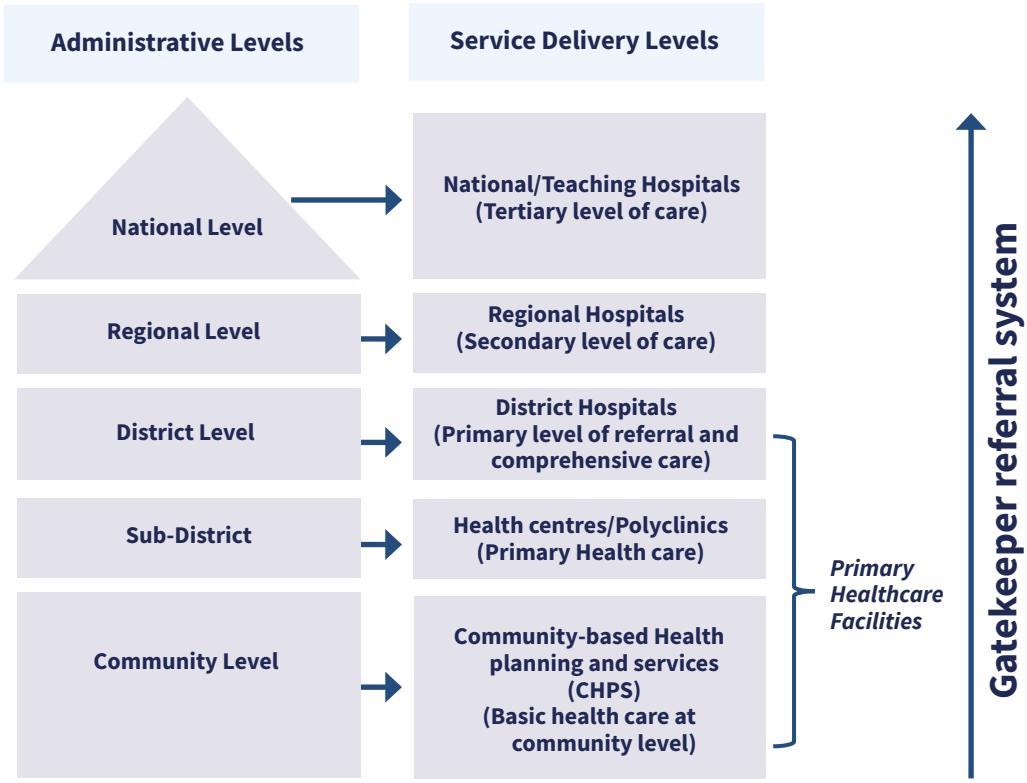
The Ministry of Health (MoH) is the apex body charged with the responsibility to formulate policies, mobilize resources for implementing the policies, and monitor and evaluate them to improve the health outcomes of the population. The MoH has 30 agencies that have specific health-related mandates to implement policies and programmes of the sector. The Ghana Health Service (GHS) is an autonomous executive agency responsible for implementing all national health policies under the MOH.

Health care services in Ghana are supplied by both public and private providers. The main public providers are the Ghana Health Service (GHS), the Teaching Hospitals and the three Psychiatric Hospitals. The Teaching and Psychiatric Hospitals provide tertiary and specialist services. GHS, CHAG, and Ahmadiyya Mission Hospitals provide both primary and secondary level services. The private providers are active at all three levels of care.

There are three levels of management in the Ghanaian health sector which comprise the national, regional, and district-level management systems. Functionally, however, the Ghana Health Service is organized at the National, Regional, District, Sub-district and Community Levels and health services are delivered under primary, secondary, and tertiary health care systems (Figure 3).

Regarding health infrastructure, the country has seen a steady expansion over the years. According to the DHIMS2 as of August 2022, there were a total of 9 505 health facilities in Ghana (an increase from the 8 827 recorded in 2020), including 7 745 public health facilities, 1360 private self-financing and 295 quasi-governmental facilities. Of the total health facilities in the country, 2 092 facilities implement the BFHI. Most of the facilities are CHPS, health centres, clinics, and maternity homes. In terms of the level of care, the facilities are made up of 1 Quaternary, 5 Teaching hospitals, 7 Secondary Referral/ Regional, 478 Primary Referral hospitals (Public and Private), 992 Polyclinic and Health centres, 5876 CHPS, 1403 Maternity Homes and Clinics. Despite these achievements, there are gaps in the number of health facilities, logistics and equipment, which need to be addressed to accelerate progress towards the attainment of the related SDGs, particularly UHC.

Figure 3. Levels of health facilities in Ghana (Asamani et al, 2018)



Source: Asamani et al, 2018

2.5 Service delivery

Attainment of universal health coverage (UHC) by the year 2030 remains a focal agenda for Ghana. The current UHC index is 48 in 2021[30]. The service intensified collaboration with partners towards re-designing the primary health care system to improve quality and provide more patient-centred care. In this vein, the Networks of Practice approach with the Model Health Centre as the fulcrum has been introduced at the subdistrict health centres and community level (CHPS).

The Mental Health Authority (MHA) produces mental health policies, promotes mental health, prevents mental illness, and provides accessible, community-oriented, integrated, quality and culturally appropriate community mental health care to persons with mental illness The Authority largely also manages mental health services from the three psychiatric facilities whereas the Ghana Health Service provides services at regional, district and community levels to ensure access to quality patient care.

30 https://data.who.int/indicators/i/3805B1E/9A706FD

The Ghana Ambulance Service provides pre-hospital emergency care services (24-hour service) nationwide whilst the National Blood Service ensures safe blood and blood products for therapeutic care, and the Food and Drugs Authority (FDA) regulates food, drugs, food supplements, herbal and homeopathic medicines, veterinary medicines, cosmetics, medical devices, household chemical substances, tobacco, and tobacco products.

Using OPD attendance as a proxy for health care access and utilization, OPD attendance saw a 4.4% decrease from 2021 to 2022, with OPD per capita at 1.0. However, in 2023 there was a slight increase of 5.9% with a total OPD cases of 27 557 151.[31] The 2023 Harmonized Health Facility Assessment preliminary results show that overall, only 24% of 1421 facilities (that were sampled) offer inpatient services.[32] It is also estimated that many people living in rural areas use Traditional Health practitioners. Currently, the Ministry of Health has successfully integrated traditional medicine practice into 55 public health care facilities across Ghana thus culminating in the establishment of 55 herbal medicine units with a staff strength of 200.[33]

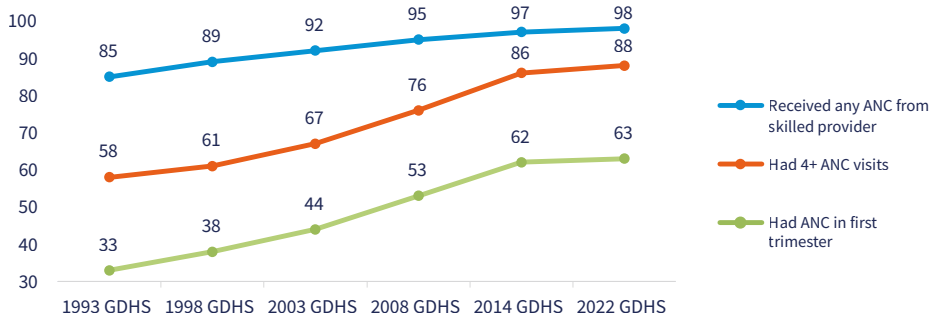
The key coverage areas captured in the GDHS 2022 are summarized below

Table 4. RMNCH indicators achievement 2022[34]

Indicator	2022 achievement
ANC contact of 4 or more	88%
Women aged 15–49 years received ANC from a skilled provider for their most recent birth	98%
Live births occurring in health facilities	86%
Postnatal checks occurring within 4 hours of delivery	73%
Postnatal check during the first 2 days of most recent live birth	87%
Initiation of breastfeeding within 1 hour of birth	71.2%
Introduction of complementary feeding at 6 months	86.3%
Mothers with children 6 months and above who received nutrition counselling	78.7%
Children 6 months and above who had their weight measured	71.2%
Women who received some form of iron supplementation during pregnancy	92%
Children who received vitamin A supplements in past 6 months	75%

31 DHIMS 2 2023
32 Harmonized Health Facility Assessment HHFA 2023
33 Annual Report of the Traditional and Alternative Medicine Directorate, Ministry of Health 2022
34 GDHS 2022

Figure 4. Trends in antenatal care coverage (Source: GDHS 2022)



Source: GDHS 2022

National coverage for vaccines on the National Immunization Schedule is near universal, and it has continued to improve over the years. However, coverage varies significantly between regions, with some areas having low immunization rates. The COVID-19 pandemic further disrupted immunization service delivery, and current efforts are aimed at getting coverage back to pre-pandemic levels. There are also challenges with the denominator used for calculating coverage rates. This affects planning, monitoring of performance, and data quality, which in turn impacts the accuracy of coverage estimates.

Table 5. Trends in routine immunization coverage, 2020–2023

Antigens	2020		2021		2022		2023	
	# vaccinated	% coverage	# vaccinated	% coverage	# vaccinated	% coverage	# vaccinated	% coverage
BCG	1 152 129	93.0	1 227 707	99.5	1 210,009	96.2	1 206 836	94.0
Penta 1	1 161 673	96.1	1 225 734	101.9	1 217 279	99.2	1 197 531	95.6
Penta 3	1 170 924	96.9	1 250 857	104.0	1 245 920	101.6	1 241 696	99.2
OPV-3	1 144 578	94.7	1 248 980	103.9	1 103 686	90.0	1 187 607	94.8
IPV	1 152 882	95.4	1 240 776	103.2	1 240 423	101.1	1 255 943	100.3
PCV-3	1 172 032	97.0	1 243 265	103.4	1 215 716	99.1	1 185 537	94.7
Rota-1	1 132 168	93.7	1 216 093	101.1	1 157 282	94.3	886 561	70.8
MR-1	1 109 745	91.8	1 160 450	96.5	1 160 243	94.6	1 107 419	88.4
YF	1 088 028	90.0	1 161 648	96.6	1 168 158	95.2	1 065 484	85.1
Td2+	765 647	61.8	770 122	64.0	797 557	63.4	719 471	56.0
MenA	882 810	73.1	993 721	82.6	991 177	80.8	1 074 035	85.8
Vit A 6-11M	1 022 660	84.6	1 112 801	92.5	1 335 272	108.8	1 348 960	105.0

2.6 Health information system

To monitor progress towards achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage (UHC) targets, the country's health information systems draw upon multiple data sources such as population-based surveys, civil registration, and vital statistics. Other sources may include census, public health surveillance, health facility and community systems data which may be derived from administrative and non-health sector data sources. The WHO SCORE assessment tool[35] provides the framework around which the health information system for Ghana can be looked at.

In Ghana, the Health Management Information System (HMIS) plays a crucial role in collecting, managing, and analysing health-related data. The Service has implemented various HMIS systems and presently the DHIMS 2, to improve the efficiency and effectiveness of data collection and reporting processes. The DHIMS2 captures data on a range of health indicators, including disease surveillance, immunization, reproductive health, and health facility infrastructure from the facility level. It facilitates the generation of routine reports which provides a snapshot of key health indicators for all levels of Ghana's Health Care System. The system has significantly improved data availability, timeliness, and accuracy, enabling evidence-based decision-making and better health service delivery.

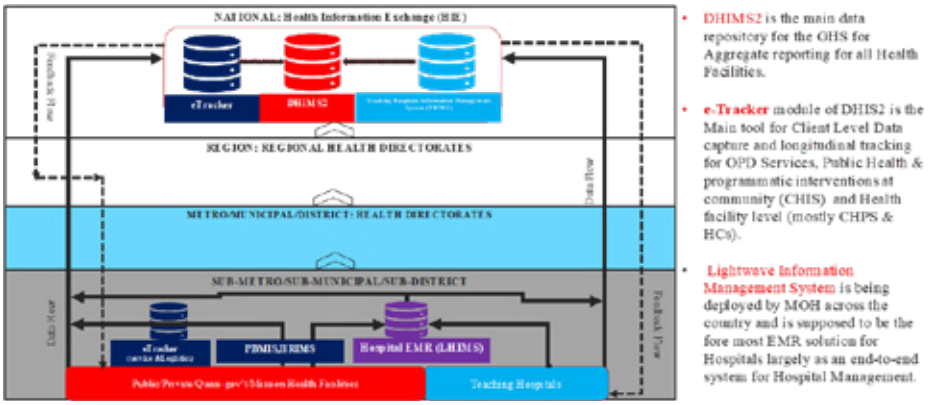
DHIS2 Tracker supports the management of specific health programmes, such as antenatal care, immunization, nutrition, TB, and HIV/AIDS treatment. By capturing individual-level data, it allows for better monitoring of programme performance, identification of gaps in service delivery, and targeted interventions. The DHIMS2 eTracker has been reviewed and configured with Vital Events, CHO Register modules, and community profiling modules.

2.6.1 Data flow

The Ghana HMIS is organized into four levels: facility, sub-district, district, regional and national. To improve access to health care, the health sector is opened to a wider range of providers, both public and private, at all levels. Figure 5 illustrates the flow of health data and information from the health facilities to sub-districts, and districts through the regions to the national system. It also illustrates the feedback mechanism from the national level through regions and districts to health facilities at the sub-district level.

35 Score to reach your Health Goals: A technical package to strengthen country health data for Universal Health Coverage and Health related SDGs. World Health Organization September 2018.

Figure 5. Data Flow in the Ghana Health Service



Source: Centre for Health Information Management, GHS

About 95% of public health facilities including faith-based facilities input their data onto the DHIMS2. However, some agencies of the MoH continue to use parallel systems of health information management. Also, reporting through the DHIMS2 by the private sector is estimated to be 60-70%. Efforts are being made to build the capacity of the Health Facilities Regulatory Agency (HeFRA) and use its regulatory regime powers to compel the private sector to submit data regularly through the DHIMS2.

Way forward and recommendations: these include upgrading all instances to the latest DHIS2 supported versions, supporting training, management, and maintenance of DHIMS2 and eTracker server platforms, continuing the configuration and deployment of the Community Health Information System (CHIS), providing technical assistance to all divisions and programmes, and integrating the Maternal and Child Health tracker with the Births and Deaths Registry.

2.7 Human resources for health (HRH)

The country has made significant progress in improving access to health services, as demonstrated by the increase in the health workforce, particularly doctors and nurses. Ghana's workforce density of 82.75 doctors, nurses, and midwives (including the yet to be employed) exceeds most thresholds that indicate good prospects of making progress towards UHC and other health objectives. Considering only health workers who have been employed, the public sector workforce has tripled in number between 2013 and 2022 (increasing by 31.3% per annum) resulting in a 2.5-fold improvement in the density of health workers from 16.56 to 41.92 per 10 000 population. Ghana's density as of 2022 was higher than the 49 doctors, nurses and midwives used as the

benchmark for countries included in the WHO's 2023 Support and Safeguard List (SSL). However, Ghana's UHC index point of 48 falls below the threshold of 55 to be removed from the SSL.

Access to health care is still constrained with health workforce shortages in certain geographical locations. Ghana is facing a complex phenomenon of labour market failure. On the one hand, the need-based workforce requirement is yet to be fully met whilst on the other hand, fiscal constraints have limited demand capacity resulting in paradoxical unemployment of health workers. The labour market mismatches have led to considerable uncertainties on the prospects of health employment of qualified workers who have turned to the international market for employment opportunities. To generate evidence of the possible labour market mismatches and better understand the dynamics affecting it, Ghana in 2022 decided to conduct a health labour market analysis.

Before the COVID-19 pandemic, the overall attrition rate was 3.6%, but there are emerging concerns that emigration of health workers is driving the phenomenal increase in voluntary attrition. For example, the number of nurses seeking verification of good standing to migrate increased from 2678 in 2020 to 6208 in 2022, about 232% increase in two years. In the half year between June to July 2023, at least 5077 nurses sought verification to migrate. Most of these sought migration to UK, USA, Ireland, and Canada.

The negative externalities of the phenomenon exacerbated by sub-optimum working conditions has pushed international mobility to include those who are already employed. The situation, if not addressed, could pose several risks to the health system and national security including loss of skills and obsolescence and public protest for employment as witnessed in the 2014 era.

2.8 Health financing

The health sector is financed from three main sources; the central government (GoG), internally generated funds (IGF) from health facilities, National Health Insurance Fund (NHIF), and with some external financing from development partners engaged in the Sector Budget Support.

The largest source of funding for the MOH budget is the GoG, which comprised 54% in 2023, down from 61% in 2022. IGFs did not change significantly and were 25% of the MOH budget in 2023. The share of development partner funding rose from 12% in 2022 to 20% in 2023.[36] The MOH share of total government budget declined from 7.6% in 2022 to 6.7% in 2023. This is less than half the Abuja Declaration target that requires governments to allocate at least 15% of their total expenditure to health

36 MOF (Ministry of Finance) Budget, 2023

to achieve UHC, to which Ghana is a signatory. The MoH budget increased as a proportion of GDP from 1.89% in 2022 to 2.02% in 2023, Ghana's spending on health as a percentage of GDP is close to the average among sub-Saharan African (SSA) countries of 1.99%, but below the average for lower middle-income countries (LMICs) of 2.59%.

Ghana's total health expenditure (THE) increased from GHC 9.9 billion in 2018 to GHC 23.1 billion in 2022. The current health expenditure (CHE), increased from GHC 7.5 billion (US$1.5 billion) in 2018 to GHC 22.6 billion (US$ 2.6 billion) in 2022. The CHE per capita increased from 2018 to 2020, that is GHC253.21 (USD52.51) in 2018 to a high of GHC569.93 (USD98.94) in 2020. However, beyond 2020, CHE per capita has followed a decreasing trend to USD 83.4 in 2022, which is below the WHO recommendation (US$ 86) as a minimum for delivering primary health care services and the average for LMICs (US$119.) Although out-of-pocket payment as a percentage of current health expenditure decreased from 33.48% in 2018 to 25.03% in 2022, it remains higher compared to social compulsory insurance (NHIS) and voluntary prepayments (private insurance).

Coupled with macro-fiscal challenges and shifting health spending dynamics, with a poor balance between compensation and non-compensation costs, which undermines the service delivery and creates avenues for increased out-of-pocket payments, the National Health Insurance Scheme (NHIS), with a membership of 55.5% as of December 2023, continues to face challenges. The NHIS is at clear risk due to structural financing issues, delays in disbursements of funds, an unsustainable payment system, and caps in the amount of earmarked funds that can be transferred.

The enactment of the Excise Bill Amendment Act (Act 1093), which raised excise taxes on tobacco, sugar-sweetened beverages, and alcohol marked a significant step in enhancing Ghana's tobacco control measures and meeting regional recommendations, improving public health, but also mobilizing revenue that can be allocated to health financing.

With the progression to middle-income status, in the years ahead, Ghana must increasingly fund health services from domestic resources, including through additional revenues through regular increases in health taxes which was implemented starting 2023, and renew its dedication to adequate, sustainable, and efficient health financing, including financing for immunization, as GAVI transitions out of the country.

2.9 Medical products, vaccines and technologies

The MoH and its agencies such as the Food and Drugs Authority (FDA), the National Blood Service (NBS) and the Pharmacy Directorates and Biomedical and Engineering Units of both MoH and GHS have been set up to regulate, oversee, control, and monitor the safety, quality, efficacy, management and use of medical products, health technologies, including blood and blood products, medical devices, assistive technology and equipment to be used as part of service delivery. In terms of basic services in health care facilities, it is estimated that 22% of health care facilities are without improved water, 26% are without improved sanitation services, 61% are without safe final disposal of sharps and 85% are without basic hand hygiene items.[37]

Some medical products are provided through the priority health programmes through the Global Fund and other funding mechanisms such as GAVI for EPI vaccines. Currently the Government is facing co-financing challenges for vaccines and accompanying devices. There is no local manufacturer who has received WHO prequalification of products and therefore all the programme medicines are imported into the country. There is significant traction for the manufacture of vaccines in Ghana. There are currently two manufacturers with committed intentions to manufacture vaccines. Two notable vaccines that are earmarked for local production include the R21 malaria vaccine and anti-snake serum. Soaring prices of health products due to taxes and mark-ups, irrational use of medicines by both health care professionals and consumers continue to make re-imbursement for pharmaceuticals a challenge for the NHIS.

The emergence of antimicrobial resistance due to poor prescription practices by health care professionals, misuse by patients and overuse in farming and animal husbandry,[38] poor infection prevention and a lack of new antibiotics poses a security threat for infection control. In 2019, 1.27 million deaths were associated with AMR, with sub-Saharan African countries bearing the highest burden of 99 deaths per 100 000 population.[39] In Ghana, 25 300 deaths were associated with AMR in 2019 with E. coli, klebsiella and Staph aureus being among the top five pathogens responsible for diseases and deaths. The MoH together with other ministries and stakeholders has developed a national policy and a costed action plan (NAP) in “one health” to address AMR through governance, education and awareness creation, research and surveillance, biosecurity, and infection prevention, to optimize use as well investment case to contain antimicrobial resistance. The implementation of the NAP will require resources and concerted efforts from all key ministries concerned to achieve the goal of the NAP and contain antimicrobial resistance in one health.

37 Ghana Harmonized Health Facility Assessment 2022-2023
38 Antimicrobial Resistance Rates and Surveillance in Sub-Saharan Africa: Where Are We Now? - PMC (nih.gov)
39 Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis - The Lancet

2.10 Crosscutting issues (leaving no one behind, gender, equity and rights)

The 2022 Global Gender Gap Report ranked Ghana 108 (out of 146 countries), an improvement of the 2021 ranking of 117, though far short of the 2017 rank of 72. Great progress has been made to close gender gaps in health and education, but inequality persists in the economic and political spheres of national life, with fewer women in major decision-making bodies at national and local levels. There is need for collective support to sustain and accelerate actions to remove barriers and enhance opportunities for women to participate in political governance.

Ghana has ratified the 1966 International Covenant on Economic, Social and Cultural Rights (Article 11) which recognizes the right to food. With regard to protecting Ghanaians from hunger, food insecurity, malnutrition and promoting livelihoods, Ghana launched, and is implementing, a flagship programme "Planting for Food and Jobs." Yet, inequalities persist, with regions in the northern half of the country[40] being the most food insecure (CFSVA, 2020). Access to safe drinking water, sanitation, and hygiene (WASH) is a key priority, with the National Water Policy (2024) and sanitation policy (being revised) envisioning gender-responsive and rights-based lens to ensure all people meet their basic needs to safe and adequate water without discrimination.

Ghana has a Migration Policy (2016) guiding migration management. The 2021 Population and Housing Census estimated 294 341 international migrants, with most (92.0%) coming from West Africa, with more male (60.5%) than female representation. The median age is estimated at 21 years and more than half (58.2%) of migrants are between 15 and 39 years. Ghana is party to the several international conventions[41] protecting the rights of refugees. As of 2020, Ghana is home to 12 050 refugees and 1259 asylum seekers, who generally are enrolled in the national health insurance scheme (NHIS). Poor work and housing conditions however can place migrants at greater risk of ill-health, contracting diseases including malaria and sexually transmitted infections.

Ghana has achieved parity in primary school education with sustained progress being made at the secondary school or higher level – 70% of women and 79% of men have a secondary school or higher education certificate. Yet, more women (16%) than men (10%) have no education, with rural communities lagging in school attendance, performance, and completion, driven partly by sociocultural barriers (for example, teenage pregnancy, child marriage and domestic labour)[42].

40 The food insecure regions are: Upper East (48.7%); Northeast (33%); Northern (30.7%); Upper West (22.8%); and Savannah (22.6%)

41 These include, the 1951 Convention relating to the Status of Refugees, the 1967 Protocol and the OAU Convention Governing the Specific Aspects of Refugee Problems in Africa of 1969

42 Ghana Demographic and Health Survey 2022

While access to sexual, reproductive health and rights services has improved, women and girls (15-49 years) still face barriers - in 2022, 23% of currently married women and 25% of sexually active unmarried women had unmet need for family planning. About 67% of women make decisions on their own health care either alone or jointly with their husband, with men (88%) more likely to be responsible for major household purchases than women (68%).[43]

Ghana has a generalized HIV epidemic with a disproportionately high prevalence of HIV in key populations. The Ghana AIDS Commission has reported that key populations face discrimination, harassment, human rights abuses, sexual and gender-based violence and coercion.

In response, several social protection policies and interventions such as NHIS, Livelihood Empowerment Against Poverty (LEAP), the Free Senior High School Policy are being implemented with focus on reducing inequalities, promoting equity, and meeting the needs of disadvantaged persons such as the poor, elderly persons, and persons with disabilities. The health sector's response also includes several strategic policies, strategies and interventions[44] to tackle gender inequalities and inequities and geographical barriers to health systems, with strategic focus on improving quality of and access to essential health services, the equitable distribution of human resources but also, paying attention to the peculiar needs of children, women and girls (for example, baby changing and breast-feeding rooms and nurseries etc.) and underserved communities.

43 Ghana Demographic and Health Survey 2022

44 The 2009 Gender Policy (currently being revised); the introduction of the Community Health Planning Services (CHPS), the Health Sector Medium Term Development Plan (HSMTDP) 2022-2025


GHANA HEALTH SERVICE
G H S
Your Health-Our Concern
EXPANDED PROGRAMME ON IMMUNIZATION (EPI).
(PUBLIC HEALTH DIVISION)

3. Partnership environment

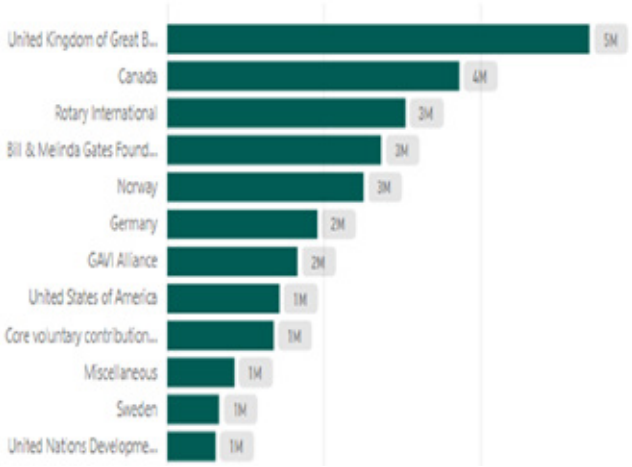
WHO works in conjunction with the MoH and other government ministries, departments and agencies, and health development partners, including bilateral and multilateral entities, the UN system, academia, and research institutions as well as non-State actors (non-governmental organizations, civil society organizations, private sector, including international business associations, philanthropic foundations, and private academic institutions) to attain its core functions.

Figure 6 below provides an overview of the financial flow from the top five contributors to WHO Ghana priority areas in the 2022-2023 biennium, with Figure 7 highlighting the monetary value of each, in addition to the allocations from other key contributors. Globally, top five contributors to WHO Ghana in 2022-2023 in terms of the specified voluntary contributions were the United Kingdom, Canada, Rotary International, Bill & Melinda Gates Foundation and Norway. In the previous two biennia, Germany, the US Government, UK, Canada, GAVI, the Vaccine Alliance and the Global Fund were also among the top contributors to WHO Ghana.

Figure 6. Financial flow: top contributors to WHO Ghana in the 2022-2023 biennium

Source: https://open.who.int/2022-23/contributors/contributor

Figure 7. WHO HQ BOS - Donor Analytics data for 2022-2023 as of 26 March 2024



Furthermore, considering the increased country office capacity, the WHO Ghana leadership, external relations, partnerships, and partner visibility enhanced over the 2022-2023 biennium through effectively leading the health sector development partners, initiating 100 bilateral partner engagements, and successfully maintaining the country office fundraising efforts that secured US$ 6 million at the country level as of December 2023, the appropriate partner recognition and donor visibility was boosted via an unprecedented increase of social media posts from 79 (2022) to 560 (2023), enabling more 'live' public engagement on key health issues and milestones of the year.

3.1 Partnership and development cooperation

Ghana benefits from a broad variety of development partners that support the Government's health and development priorities. The Health Sector Working Group (HSWG) and the Annual Health Summits are platforms used for monitoring, assessing partnerships and development cooperation. WHO has been a vital player among the development partners, acting as co-Lead (2022) and Lead (August 2023-present) of the Health Development Partners Group, which is a platform for all the multilateral and bilateral development partners active in the health sector (approximately 30 entities) to discuss and exchange information on key priorities and emerging issues. Ghana is also a member of the Scaling Up Nutrition Movement and the Coalition of Action on Healthy Diets from Sustainable Food Systems for Children and All. Ghana is the chair of the

The Strategic Dialogue with UK-FCDO on strenghing cooperation, marking the beginningof enhanced WHO-FCDO partnership.

Groupwork led by WHO during the UN Country Team Retreat 2023, identifying synergies & collaboration areas.

Coalition's Steering Committee. The WHO partnership and resource mobilization strategy identifies approaches to (i) outreach and engagement with existing, emerging, and potential partners to grow partnerships and mobilize resources at the country office level; (ii) strengthening WHO's role in supporting health sector partners coordination, also leveraging on the Lead role of the Health Development Partner Group and the Chair role of the UN Results Group for Social Services; (iii) improving the results-orientation of grants/awards management and (iv) effective communications and donor visibility. The Strategy is operationalized through "Impact Springboard" annual work plans which help translate the WHO global and regional priorities on partnership and development cooperation to the country office level, particularly on advocacy for flexible and predictable sustainable financing.

3.2 Collaboration with the United Nations system at country level

WHO has been working closely with other UN agencies to develop and implement UN development assistance. Several UN agencies working in HIV have come together to form the UN Team on HIV/AIDS (JUTA) supporting Ghana in the national response to the fight against HIV/AIDS.

WHO collaborates with other UN agencies, especially UNICEF and UNFPA, in RMNCAH. The focus is to ensure that women and children have improved and equitable access to, and utilization of, quality, high-impact maternal, neonatal and childbirth and nutrition interventions. The team supported the implementation of the MDG5 Acceleration Framework (MAF), strengthening of Perinatal Death

Surveillance and Response (MPDSR) and the development and revision of several policies and strategies.

WHO has been chairing the UN Results Group on Social Services since 2022 (under UN Cooperation Framework 2023-2025) and prior to that, coordinated the UN Group on Health (H6) partnership (under UNDAF 2012-2016). The UN Results Group collaborates to support Ghana to improve the survival, health and well-being of every woman, newborn, child, and adolescent in the country, among other social services, while enhancing equitable access to services and building their resilience. WHO collaborates with UNICEF, WFP, and FAO in Nutrition and jointly supports the Government in the development of policies, guidelines, and capacity-building, including through the Scaling Up Nutrition Movement. WHO plays a significant role in the food systems transformation work by ensuring an enabling environment for healthier diets. This includes fiscal policies for healthy and sustainable diets, public food procurement and service policies for a healthy diet, regulation of marketing of foods and beverages, including BMS, food safety, food fortification, food product reformulation and nutrition labelling. In the area of Environment and Health, WHO collaborates with UNICEF, UNDP, UNEP and UN Habitat in Water, Sanitation and Hygiene (WASH), Climate Change, and Air Pollution. There are also strong and trustworthy relations with FAO in addressing antimicrobial resistance, nutrition, and One Health. Ghana Statistical Services in collaboration with WHO and the UN Titchfield City Group on Ageing and Age-disaggregated Data led the development of "Making older persons visible in the sustainable development goals' monitoring framework and indicators," a report highlighting data collection methods and mechanisms that are needed to better understand the heterogeneity of older persons (https://www.who.int/publications/i/item/9789240090248). This report also featured an example of how data is collected, analysed, and disaggregated in Ghana for SDG indicator 16.7.2, the proportion of the population that believes that decision-making is inclusive and responsive. Similarly, Ghana provided a case study in the UN Decade of Healthy Ageing baseline report (https://www.who.int/publications/i/item/9789240017900) on the NHIA Data, and how it can be used to drive impact at the country level to improve health and well-being for older persons.


MATERNAL AND CHILD HEALTH
RECORD BOOK
Child Health
Records
Vitamin A

4. Review of WHO's cooperation over the past CCS Cycle

WHO's cooperation in Ghana between 2008 and 2017 was guided by Country Cooperation Strategy II. This second CCS was developed to cover the period 2008 to 2011. It was extended to 2013 to align with the government's Health Sector Medium Term Development Plan (2010-2013) and further extended to 2017 to accommodate the new UNDAF (2012-2016). The period 2018 to 2023 was guided by a living CCS document based on the previously defined strategic directions and emerging priorities. However, its formulation and that of CCS II took cognizance of the WHO Thirteenth Programme of Work (GPW 13) and the Regional Office strategic directions. The second CCS identifies the following strategic priorities:

1. Contributing to the scale up of interventions to achieve the health-related Millennium Development Goals;
2. Intensifying efforts to prevent and control communicable and noncommunicable diseases;
3. Contributing to health systems strengthening with a focus on primary health care, and
4. Contributing to actions on the social determinants of health.

The 2018-2023 draft CCS identified the following strategic priorities

1. Strengthening health systems based on PHC towards universal health coverage
2. Health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system.
3. Addressing social, economic, and environmental determinants of health: promoting high impact interventions to address public health risks using multisectoral approaches.

These three priorities will be retained in CCS III.

4.1 Review of the past CCS implementation

A review of CCS II was undertaken by an independent consultant in 2017[45]. The methodology involved a review of, and analysis of, relevant documentation and the administration of a semi-structured questionnaire to both WHO Country Office staff and external partners. The findings, conclusions and recommendations were discussed with senior officials in the Ministry of Health and the WCO team. There was no review of the draft CCS 2018-2023, However, the biennium reports and scorecard were used to track the achievements and lessons learnt within the period.

The key achievements made during CCS II (2008-2016), and draft CCS 2018-2023 implementation are summarized as follows:

Table 6. Key achievements

Strategic priority	Keys achievements
Scaling up of interventions to achieve national goals including the health-related Millennium Development Goals	• Improved access to quality skilled delivery, emergency obstetric and newborn care, and family planning. • Maternal and Perinatal Death Surveillance and Response (MPDSR) strengthened • National Reproductive Health Standards and Protocols, the Child Health Policy and Strategy Developed • Adolescent Health Service Policy and Strategy developed • Adolescent health training manuals for health providers and health job aids • National Newborn Health Strategy and Operational Plan • Policy guidelines for malaria, tuberculosis and HIV and neglected tropical diseases developed • ART and Prevention of Mother to Child Transmission (PMTCT) services scaled up • Capacity built for the programmatic management of MDR TB with the introduction of the shorter-term regimen.
Prevention and control of communicable and noncommunicable diseases	• Ghana declared polio-free • AFP surveillance process case-based surveillance has been implemented for all vaccine-preventable diseases (VPDs)

45 Report Review of the 2008 – 2016 WHO Country Cooperation Strategy, Ghana October 2017

Continued...

Strategic priority	Keys achievements
Prevention and control of communicable and noncommunicable diseases	• New vaccines against; pneumococcus; rotavirus; measles (second dose); rubella (bivalent measles-rubella MR); and Neisseria Meningitides introduced • Maternal and neonatal tetanus (MNT) eliminated • Capacity built for public health emergency preparedness and response including Ebola • A risk mapping exercise of PHE, threats and the existing capacities to mount effective response operations and the joint external evaluation of IHR core capacities were conducted • The IDSR Guidelines were updated to include surveillance and response of environmental and animal public health events • Successful drug trials for new treatment options for yaws and Buruli ulcer, • Ghana certified free of Guinea worm (GW) disease in 2015 • NCDs Policy and Strategy (2022-2027) developed and launched • Facilitation of competency-based capacity-building programmes to strengthen technical skills of the primary health care workers to deliver integrated noncommunicable diseases and mental health services • "Kente NCD" Initiative improved service coverage for hypertension, diabetes and some cancers • Ratification of the protocol on illicit trade of tobacco and tobacco products • Conduct of the first nationwide STEPs Survey
Health system strengthening with a focus on primary health care	• The Ghana Health Account 2014-2015 produced • An HRH Gap Analysis was undertaken, and recommendations made for improved HRH policy for the health sector • HRH projections developed for selected cadres up to 2030 • Cross Programmatic Efficiency Analysis for the Health Sector conducted, and recommendations made for improving the health system • Patient Safety Strategy developed • Risk Management Policy for Medicines developed • An electronic requisitioning system to monitor the inventory system for ordering pharmaceuticals in public sector procurement and supply chain developed • Review of the Supply Chain Masterplan for the Health commodities (2021 –2025) developed

Continued...

Strategic priority	Keys achievements
Health system strengthening with a focus on primary health care	• Standard Treatment Guidelines and Essential Medicines List for Noncommunicable Diseases, pneumonia in children and COVID-19 developed • National Health care Quality Strategy (2024 – 2023) developed • Five-year strategy developed to improve access to blood and blood products in Ghana • Survey on price and availability for a selected basket of medicines for the management of noncommunicable diseases conducted • Training tools developed to support Human Resource Capacity Strengthening for Regulation of Medical products • Training manuals and tools developed to support roll out of the Standards and Practice Guidelines for Pharmaceutical Services • National Vaccine Institute Bill 2022 prepared and passed by Parliament. National Vaccine Institute set up and commissioned. • First Edition of the National Essential Medical Devices List developed • An AMR Policy and National Action Plan in "One-Health" was developed and Surveillance System for Antimicrobial Resistance on *E. coli* (Tricycle Project) set in place
Addressing the social determinants of health	• The WHO Growth Standards were adapted, and the Child Health Records revised • National protocol for the management of severe acute malnutrition in inpatient care developed and build capacity of a core team of trainers • A nutrition landscape analysis of the country's capacity to scale up nutrition interventions was conducted • Maternal, infant, and young child nutrition strategies, guidelines and manuals developed, and health workers trained • National Food Safety Policy and Strategic Plan developed • Health Care Waste Management Policy and Guidelines • Food Safety Capacity Strengthened in Food Safety Risk Profiling, Food Safety Alert System, Foodborne Disease Surveillance and Food Safety Emergency Preparedness and Response • Nutrition Situational Analysis Report and the elaboration of a Roadmap for Integration of Nutrition into Universal Health Coverage (UHC) • 3 WASH Accounts Cycle for the period 2010-2020 were produced using the Tracking of Finance to the Water, Sanitation and Hygiene Sector (WASH-TrackFin) methodology

Strategic priority	Keys achievements
Addressing the social determinants of health	• The Water Safety Planning (WSP) piloted and incorporated into the National Drinking Water Quality Management Framework. • National Standard on Performance of Household Water Treatment Products and Technologies (HWT) and Certification Protocol Developed • Climate Change Vulnerability Assessment conducted

4.2 Lessons learnt, gaps and challenges in the implementation of the CCS

It was noted during the review that the long duration of CCS II resulted in loss of institutional memory, staff turnover and recall bias among participants of the CCS II evaluation and were reflected in the findings. However, the review identified strengths, weaknesses, opportunities and constraints in the development and implementation of CCS II and the draft CCS, which are summarized in the table below.

SWOT analysis

- WHO leadership role recognized by Government and other partners
- Strong cordial relationship between WHO and Government and other partners
- Sound technical assistance to the MOH recognized and appreciated
- Capacity of WCO staff enhanced from previous CCS development process.
- Effective Team Leader and team spirit among country office team
- Easy access to information for evidence-based planning

- Inability to finalize and approve the draft CCS
- Inability to use CCS as a resource mobilization and advocacy tool
- No resource allocation and mobilization strategies
- Inability to predict adequate resource availability and, consequently, budget allocations.
- Limited dissemination of CCS development and implementation among health sector programme managers and other key stakeholders
- Absence of indicators for monitoring performance and achievement indicators

- Regular support from IST, the Regional Office and headquarters for technical assistance
- Availability of monitoring mechanisms from the Regional Office and headquarters.
- Collaboration within UN agencies to support the health sector (UNDAF, Joint Assistance etc.)
- Availability of guidelines and tools for the development and implementation of CSS to ensure compliance with WHO regional and

- Weakening financial base to support public health emergencies
- Emerging competition from other partners in areas of health
- The emergence of several development partners with different mandates and thereby competing for time and space in the health sector.
- Community conflicts and natural disasters in some parts of the country

With regard to the technical areas, key issues such as gender, human rights and equity were not addressed in CCS II. Although health system strengthening was a key priority in the Health Sector Medium Term Development Strategy, recognized by CCS II and considered an important condition for the attainment of the MDGs, the allocation of resources within the WCO for the implementation of its biennial work plans over the period did not reflect that. Allocation of resources in public health security accounted for 76% whilst that of policies and systems accounted for 14%.

During the implementation of CCS II, funding gaps for some programme areas such as NCDs also meant that key activities could not be supported. Furthermore, although some technical support was provided for training in environmental health assessment, its application/implementation was limited due to financial challenges.

5. Strategic priorities

The WCO took cognizance of events and conditions that cause morbidity, disability, and mortality in identifying strategies and outcomes towards the achievement of the triple billion goal. The strategies were informed by the recommendations of the review of CCS II, the HSMTDP, the SDGs, UNSDCF, GPW and Regional flagships. The socio-economic consequences of the outcomes, the overall impact on health and WHO's comparative advantage over other development partners were the overarching considerations in prioritizing these strategies and outcomes.

Strategic priority 1

Improve universal access to essential health services through the primary health care approach →

To improve governance in the health sector, WHO shall contribute to critically reviewing and strengthening of the coordination fora, evidence generation of key governance issues focusing on the political economy of the different players, support review and preparation of the strategies and policies and provide evidence-informed advice on engagement of key players in the sector, including the private sector. In accordance with the health financing strategy, WHO shall support in building the capacity of Ghana in health economics and financing analysis, generate evidence on financial risk protection, improve reimbursement timeliness by the National Health Insurance Scheme and appeal for more budgetary allocation from the Government.

Another key focus and priority of WHO support will be to improve access to quality patient-centred health services to address communicable diseases (malaria, HIV, TB, hepatitis, NTDs) and noncommunicable diseases, and ensuring universal coverage of disease-specific programme interventions.

Strategic priority 2

Health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system.

WHO will utilize its global standing on health issues to mobilize development partners to support country efforts at preparedness, prevention, and response to public health emergencies by building systems for regular assessment and monitoring of drivers for epidemics and events including catastrophes (for example, explosions, building collapses) and other climate-induced events, including flooding, and scaling up prevention, rapid detection, and prompt response capabilities.

Strategic priority 3

Addressing social, economic, and environmental determinants of health: Promoting high impact interventions to address public health risks using multisectoral approaches.

WHO will provide technical assistance to address the determinants of health through evidence generation and dissemination; capacity strengthening and advocacy for action, with a focus on nutrition, food safety; regulatory action, including surveillance and emergency preparedness and response. WHO will work with partners to strengthen capacities aimed at promoting climate change and health agenda, including building climate resilient health facilities, and promoting healthy diets from sustainable food systems.

5.1 Focus areas and strategic approaches

Table 8. Focus areas and strategic approaches

Strategic Priority 1: Improve universal access to essential health services through the primary health care approach	
Focus areas	**Strategic deliverables**
Improved access to quality essential health services and care	• Define essential services at various levels of the health system and revision of the benefit package • Capacity building on improving quality of service delivery, including patient safety, strengthened • Strategies and guides on quality, person-centred and integrated service delivery, with focus on Ghana's Networks of Practice developed • Development/revision of national guidelines, standards, and tools for Reproductive, Maternal, Newborn, Child and Adolescent Health and nutrition and healthy ageing in line with WHO recommendations and strengthening capacity for behavioural analyses, implementation, monitoring and evaluation of intervention packages.
Improved governance and financial risk protection	• Health systems governance, including regulatory frameworks, strengthened • Revision/updating of national health policies and strategies • Partnership with development partners and non-State actors for a well-harmonized support to the GOG aligned with the national priorities strengthened • Undertake analytical work to assess the status of financial risk protection in Ghana and strengthening country capacity in tracking financial risk protection • Support the implementation of the health financing strategy, and address NHIS revenue issues including NHIL/SSNIT caps and transfer delays. • Track health expenditure and conduct efficiency analysis

Continued...

Improved availability and use of quality essential medicines, vaccines, diagnostics, and technologies at all levels of the health system	• Regulation and policy targeted at promoting equitable access to medical products including blood and blood products and vaccines that are safe, of good quality, and efficacious, strengthened in line with WHO recommendations • Review and update of strategic documents including the National Medicines Policy and the Traditional Medicines Policy and related documents in line with WHO recommendations • Existing mechanisms for improving on availability of Medical Products across the health sector strengthened • Policies and systems to tackle and mitigate the effects of antimicrobial resistance in one health in place
Availability of well trained, motivated, and equitably distributed human resources for health	• Leadership and management competencies of senior officials of Ministry of Health/Agencies improved Evidence generation supported, including Health Labour Market Analysis, and national Workforce Account Optimizing behaviour change interventions that address barriers to enablers of recommended practice.
Improve access to quality patient–centred health services to address communicable and noncommunicable diseases	• Implementation and organization of services for prevention and management of communicable diseases, NCDs and chronic conditions in PHC strengthened, focusing on screening, clinical care, rehabilitative /palliative care, and access to a continuum of integrated care • Strong collaborative partnerships for prevention and control of communicable diseases, NCDs including mental health and chronic conditions • Support for inclusion of NCDs and Mental Interventions for HIV and TB in Global Fund application. • Ensure equitable and sustained access to NCD and mental health medicines, devices, and technology
Support the Government to effectively prevent, control and eliminate communicable diseases such as HIV/AIDS, NTDs, tuberculosis, malaria, hepatitis.	• Development and/or review of guidelines and tools to align with WHO normative guidelines and global best practices • Mobilize resources including well trained health workforce for implementation of high impact interventions for communicable diseases (malaria, HIV, TB, hepatitis, NTDs) • Improved strategic information and surveillance systems for communicable diseases including the analysis and use of data for policy decision-making • Operational research for communicable diseases strengthened (malaria, HIV, TB, hepatitis, NTDs)

Continued...

Support the Government to expand access to the prevention, control and treatment of noncommunicable diseases including mental health at primary, secondary and tertiary levels of care.	• Review and update of strategic documents, national guides, and guidelines for NCDs and mental health in accordance with WHO recommendations • Improved availability of strategic information on NCDs and mental health through the collection, analysis, dissemination, and use of data for programme monitoring and for decision-making for the response to NCDs and promotion of healthy ageing • Promote the adoption, adaptation, scale-up and sustainability of integrated care, NCD interventions and mental health and technical packages at primary health care level (WHO PEN, HEARTS, SAFER, WHO Quality Rights, mhGAP, Psychosocial Interventions ICOPE etc) • Culture and enabling ecosystem for research on NCDs and chronic conditions strengthened
Strengthen data generation, translation, and use	• Improved availability, evidence, and use of data in decision-making key outcomes include improved data quality availability, access, and visibility on key surveys data such as the Ghana harmonized health facility Assessments, The District Health Systems functionality Assessments, and the Ghana GDHS 2022. • Increased uptake of the key results and usage for stakeholder engagement and reviews • SDG indicators and health inequalities data are monitored, and Evidence generated on health sector progress towards the SDGs UHC goals • The uptake of WHO generated norms and standards and improved research capacity. Scale up of innovation to record and report on community death
Strategic partnerships and engagement are expanded with Parliamentarians, Governments, non-State actors and other stakeholders to achieve health for all at scale	• Resources mobilized match the planning and expected levels of the WHO Country Office • Contributions are effectively managed, oversight improved, and partner recognition ensured. • Competencies and skills are enhanced contributing to an effective and sustainable support for partnerships

Strategic priority 2: Health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system	
Focus areas	**Strategic approaches**
Improving country health emergency preparedness	Regulatory preparedness for public health emergencies strengthened Building of national IHR required core capacities
Prevention of Emergence of high-threat infectious hazards	Assessing and monitoring drivers for epidemics and pandemics Scaling up prevention strategies for priority epidemic-prone diseases Mitigating/reducing emergence/re-emergence of high-threat infectious pathogens
Early detection of public health event and appropriate response to Health emergencies	Capacity for rapid detection and risk assessment for potential health emergencies strengthened Putting in place systems for rapid response to acute health emergencies

Strategic priority 3: Addressing social, economic, and environmental determinants of health: Promoting high impact interventions to address public health risks using multisectoral approaches	
Focus areas	**Strategic approaches**
Addressing determinants of health leaving no one behind	• Implementation of strategies that promote reaching of marginalized or underserved populations through tackling determinants of health throughout the life course • Intersectoral governance for investments in public health and well-being strengthened • Conduct impact analyses of social, economic, and environmental determinants across sectors • Monitoring, including health inequality monitoring, strengthened • Capacities for designing and implementing gender responsive, equity oriented and human rights-based interventions strengthened • Strengthened health sector capacity to respond to the impact of climate change and health
Promoting multisectoral and other effective approaches to address the exposure and prevalence of risk factors	• Enacting policies, legislation, regulations for reduction of risk factors • Improved people's participation and engagement for reducing risk factors through health promotion and rights literacy • Engaging non-State actors and sectors outside health on risk factor reduction • Generate evidence for cost-effective multisectoral policies and actions • Support the conduct of climate change and health vulnerability assessments
Support for the implementation of Health and Well-being in all policies and healthy settings interventions	• Support for implementing a 'Whole-of-government approach' to health policies and programmes • Engage with stakeholders and appeal for Health and Well-being in all policies • Work with stakeholders to strengthen/establish effective and sustainable coordination mechanism

5.2 Validation of the strategic agenda

Table 9: validation of strategic agenda

Strategic priority	Focus areas	HSMDP 2022-2025 Objectives	GPW13 Outcomes	SDGs Targets	UNSDP 2023-2025 Outputs
Improve universal access to essential health services through the primary health care approach	Ensure access to quality essential health services and care	Objective 1: Universal access to better and efficiently managed quality health care services	1.1	3.1 3.2 3.3 3.4 3.7 3.8	3.1 3.2 3.3 3.5
	Improved governance and financial risk protection	Objective 2: Objective 3: Ensure sustainable financing for health care delivery and Financial protection for the poor.	1.2	1.3	
	Improve availability and quality of essential medicines, vaccines, diagnostics, and technologies at all levels of the health system	Adopt and implement strategy for development of local pharmaceutical production	1.3	3.8 3.b 3.d 6	3.1

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	Strengthen data generation, translation, and use	Improve efficiency in governance and management of the health system.	4.1	17.18	
Health Emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, to detect and respond appropriately to public health emergencies through a resilient health system	Improving Country health emergency preparedness	Set up and strengthen institutions, including Ghana Centres for Disease Control (Ghana CDC) to deliver Responsive public health emergency services	2.1	3.d	3.4
	Prevention of emergence of high-threat infectious hazards		2.2	3.d	3.4
	Early detection of public health event and appropriate response to health emergencies	Enhance human resource capacity for public health emergencies and medical emergency services	2.3	3.d 11.5	3.4
Addressing social, economic, and environmental determinants of health: Promoting high impact interventions to address public health risks using multisectoral approaches	Addressing determinants of health leaving no one behind	Improve the quality of life by addressing the social and environmental risk factors of especially among the vulnerable groups	3.1	1.3 1.5 5.3 5.6 2.2 13.1 13.2	4.1 4.3 4.4

Continued...

	Promoting multisectoral approaches to reduce risk factors (tobacco use, harmful use of alcohol, unhealthy diets, air pollution, and physical inactivity	Reduce morbidity, disability mortality and intensify prevention and control of noncommunicable diseases	3.2	3.5 3.9	3.2 3.3 6.1
	Support for the implementation of health in all policies and healthy settings interventions	Strengthen multisector platforms and intensify collaboration with key stakeholders to promote health and well-being	3.3	2.2 3.6 6.1 6.2	2.1 2.2 2.5 3.5


GHANA HEALTH SERVICE
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6. Implementation

Every part of WHO's work involves strong collaboration with government leaders. Political will and leadership are essential agents of change to improve the health and well-being of everyone, everywhere. Within the framework of the GPW, WHO will support the Government of Ghana's health sector priorities to ensure improved access to quality essential health services; attainment of universal health coverage (UHC) through strengthening of health systems and primary health care; promoting healthier populations through multisectoral actions and approaches, informed behaviourally, whilst strengthening our public health emergency response efforts. WHO will also work closely with health development partners in the country for better alignment and harmonization of programmes to promote the health of the Ghanaian people.

Principles guiding WHO cooperation in Ghana

WHO cooperation in Ghana will be guided by the WHO core functions and the typology of the WCO Ghana. These key functions include:

Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.

Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.

Setting norms and standards and promoting and monitoring their implementation.

Articulating ethical and evidence-based policy options.

Providing technical support, catalysing change, and building sustainable institutional capacity.

Monitoring the health situation and assessing health trends.

Typology of WCO Ghana and implications for WHO cooperation: Based on the typology classification, Ghana is grouped under category C which requires longer term extensive technical support in health systems foundations, in areas where the country is lagging in many impact targets and for addressing inequalities within the country. Efforts are in place to ensure that the Core Predictable Country Positions (CPCP) positions based on typology of the WCO and funded from predictable, flexible funds (AC, AS, CVCA) are present in the Country Office.

Structure of the Country Office validated after the functional review

In 2019, the implementation of the functional review and the creation of the Multi-Country Assignment Teams (MCAT) hub at the country level, changed the organogram. The organizational structure of the Country Office consists of four clusters or units:

- Office of the WHO Representative (OWR): responsible for strategic partnerships, communication, resource mobilization, knowledge management, country presence and representational functions.
- The Multi-Country Assignment Team (MCAT): Technical experts who cover four WHO country offices including Ghana, Sierra Leone, Liberia, and Gambia to scale up technical support across eight critical health areas that contribute to the disproportionate morbidity and mortality rates in the countries.
- The Country Support Unit (CSU): responsible for the administrative and support functions for the Country Office
- Technical functions: responsible for all the technical areas including UHC life course, UHC CND and EPR.
    - The Universal Health Coverage Life Course (ULC): responsible for all aspects of health systems building blocks, with particular emphasis on Health Sector Policy, Strategic Planning and Monitoring and Evaluation as well as Health Financing, Human Resources for Health, and Quality of Care.
    - The Universal Health Coverage Communicable and Noncommunicable Diseases Cluster (UHC): responsible for addressing HIV/AIDS, TB, malaria, viral hepatitis, neglected tropical diseases, noncommunicable diseases, mental health, nutrition, injuries, and their risk factors. They are also responsible for health through the life course including child health, maternal health, and immunizations for vaccine-preventable diseases
    - The Emergency Preparedness and Response (EPR) Cluster: responsible for all aspects of the prevention, early detection, and response to public health emergencies

All these clusters or units will work collaboratively, ensuring horizontal cohesion in the implementation of the Third Country Cooperation Strategy (CCS III) strategic agenda. However, each cluster will lead and coordinate the implementation of relevant specific strategic priorities and focus areas and ensure coherence with the Regional Office and WHO headquarters support.

In this regard, the ULC cluster will lead and coordinate implementation of strategic priority 1 focus areas relevant to health systems strengthening. They will coordinate and lead implementation of strategic priority 1 especially the focus area on "ensuring access to quality essential health services" relevant to health through the life course. The UHC cluster will lead, and coordinate implementation of strategic priority 1 intervention related to communicable and noncommunicable disease control within the focus area on "ensuring access to quality essential health services and care". In addition, they will be responsible for implementation of strategic priority 3 interventions related to addressing determinants of health, particularly risk factors for NCDs and chronic conditions. The EPR cluster will focus on strategic priority 2.

HR Resources and Budget

The WHO Country Office for Ghana has a total staff strength of 35. This staff consists of six international professional officers (IPOs), twelve national professional officers (NPOs), and seventeen general staff (GS). Additionally, there are 20 other personnel holding either special service agreement (SSA) or United Nations Volunteer (UNV) contracts.
The WCO is currently recruiting suitable candidates for the positions of Health Financing Officer (NPO) and Procurement Assistant (GS) to replace officers who have either left the CO or have retired. Furthermore, approval has been granted to recruit a Diagnosis/ Lab Services Officer (IPO), a Disease Control Officer (IPO), an Urban Health Initiative Officer (NPO), and two drivers (GS). These new positions are expected to enhance WHO's support to the Government of Ghana in implementing its health priorities.

Table 10. Budget estimate to effectively implement the CCS

Strategic priority	Estimated budget required	Anticipated funding	Anticipated funding gap
Improve universal access to essential health services through the primary health care approach	US$ 39 141 875	US$ 39 141 875	US$ 0
Health emergency preparedness and response: addressing gaps in IHR core capacities and strengthening national capacities to prevent, detect and respond appropriately to public health emergencies through a resilient health system	US$ 13 006 607	US$ 12 192 436	US$ 814 171
Addressing social, economic, and environmental determinants of health: promoting high-impact interventions to address public health risks using multisectoral approaches	US$ 4 733 256	US$ 4 537 742	US$ 195 514
Total	**US$ 56 881 738**	**US$ 55 872 053**	**US$ 1 009 685**

Operations: coordination and integration mechanisms, communication, information and knowledge management, capacity-building, resource mobilization, strategic partnership

The office of the WR will provide overall coordination of the implementation of the CCS, ensuring that the programme budget is aligned to the CCS and the Country Support Plan. In implementing the CCS, the office of the WR will also ensure that there is alignment with national priority activities as well as coordination with relevant activities of other partners for better attainment of desired health outcomes.

Given that Ghana has, to a greater extent, a mature health system, in implementing CCS III, the focus will be on policy dialogue and strategic support. Therefore, the requisite capacities within the WCO will have to be belted and or deployed within the context of the adopted organizational structure. This CSS will also act as a benchmark to guide our communication, knowledge management, resource mobilization and the partnerships to be forged or strengthened at country level.

Country support plan

The CCS is the Organization-wide reference document for WHO work at country level. It defines what the three

levels of the Organization are committed jointly to delivering in support of the country's priorities. Implementation of the CCS strategic priorities through programme budgets should be perceived as an understanding among the three levels of the Organization towards cohesive support of the WHO Secretariat to Member States. The Country Support Plan provides the details of the support from the three levels of WHO in the implementation of the CCS.


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7. Monitoring and evaluation

To the extent that the CCS is operationalized through the programme budget and biennial work plan, the monitoring of the implementation of the biennial Programme Budget and Work Plans (2024-2028) will constitute the monitoring of CCS III. Therefore, the Semi-Annual Monitoring Reports; the Annual Evaluation Reports and the End of Biennium Evaluation Reports will all be part of the monitoring and evaluation of CCS III implementation.

In addition, a mid-term evaluation of CCS III will be conducted in the middle of 2026 and an end term evaluation in the year 2029. The reports of the programme budget monitoring and evaluations will inform these planned evaluations of the CCS. The mid-term and end-term evaluations will also incorporate the views and perceptions of the Member State and partners on how the CCS has been implemented by WHO as a secretariat.

Result framework

Table 11. Result framework

Focus areas	GPW 14 outcome	Outcome indicators	Baseline	Target (2028)	Monitoring frequency	Source of data
Improved access to quality essential health services and care	3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage	Coverage of essential health services	48	65	5 years	Global monitoring report
Improved governance and financial risk protection	4.3 Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable	Out-of-pocket payment as a share of current health expenditure	25.03	19	Annual	NHA
Improved availability and use of quality essential medicines, vaccines, diagnostics, and technologies at all levels of the health system	3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved.	Access to Health Product Index	62%	80%	Quarterly	(GHS Framework Contracting Quarterly report)

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	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance. Patterns of antibiotic consumption at national level	Percentage of bloodstream infections due to antimicrobial-resistant organisms	MRSA - 7.16%, E coli- 87.5%	MRSA - 50% E coli- 50%	Annual	GLASS report	
		NA	50%	Annual	MOH Annual report		
Availability of well trained, motivated, and equitably distributed human resources for health	3.2 Health and care workforce, health financing and access to quality-assured health products substantially improved. Government domestic spending on health (1) as a share of general government expenditure, and (2) per capita 7.6	Health worker density and distribution	82.75 (Including unemployed health care workers)	49	Annual	HLMA survey	
		13	Annual	NHA			

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Improve access to quality patient–centred health services to address communicable and noncommunicable diseases	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance.	Percentage of individuals with hypertension disease who have received or are receiving appropriate treatment	37%	70%	Monthly	DHIMS
Support the Government to effectively prevent, control and eliminate communicable diseases such as HIV/AIDS, NTDs, tuberculosis, malaria, hepatitis.	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance. Tuberculosis incidence per 100 000 population 133 Malaria incidence per 1000 population 228 (2023) Malaria mortality rate 0.43 per 100 000 (2023)	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	17 774	11 918 (projections from SPECTRUM)	Annual	National estimate report
		111 for 2025 (no target yet for 2028)	Annual	Global TB report		
		73.5	Monthly	DHIMS		
		0.04 per 100 000 (2028)	Monthly	DHIMS		

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Support the Government to expand access to the prevention, control and treatment of noncommunicable diseases including mental health at primary, secondary and tertiary levels of care.	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance. Prevalence of controlled diabetes in adults aged 30-79 years 8 % Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 28%	Service coverage for people with mental health and neurological conditions	28%	56%	Monthly	DHIMS
		56 %	Monthly	DHIMS (eTracker)		
		70% (with the introduction of NHIS for 4 priority mental disorders)	Monthly	DHIMS		
Strengthen data generation, translation, and use	3.3 Health information systems strengthened, and digital transformation implemented.	Existence of national digital health strategy, costed implementation plan, legal frameworks to support safe, secure, and responsible use of digital technologies for health SCORE index	1	1	Annual	MOH Annual report

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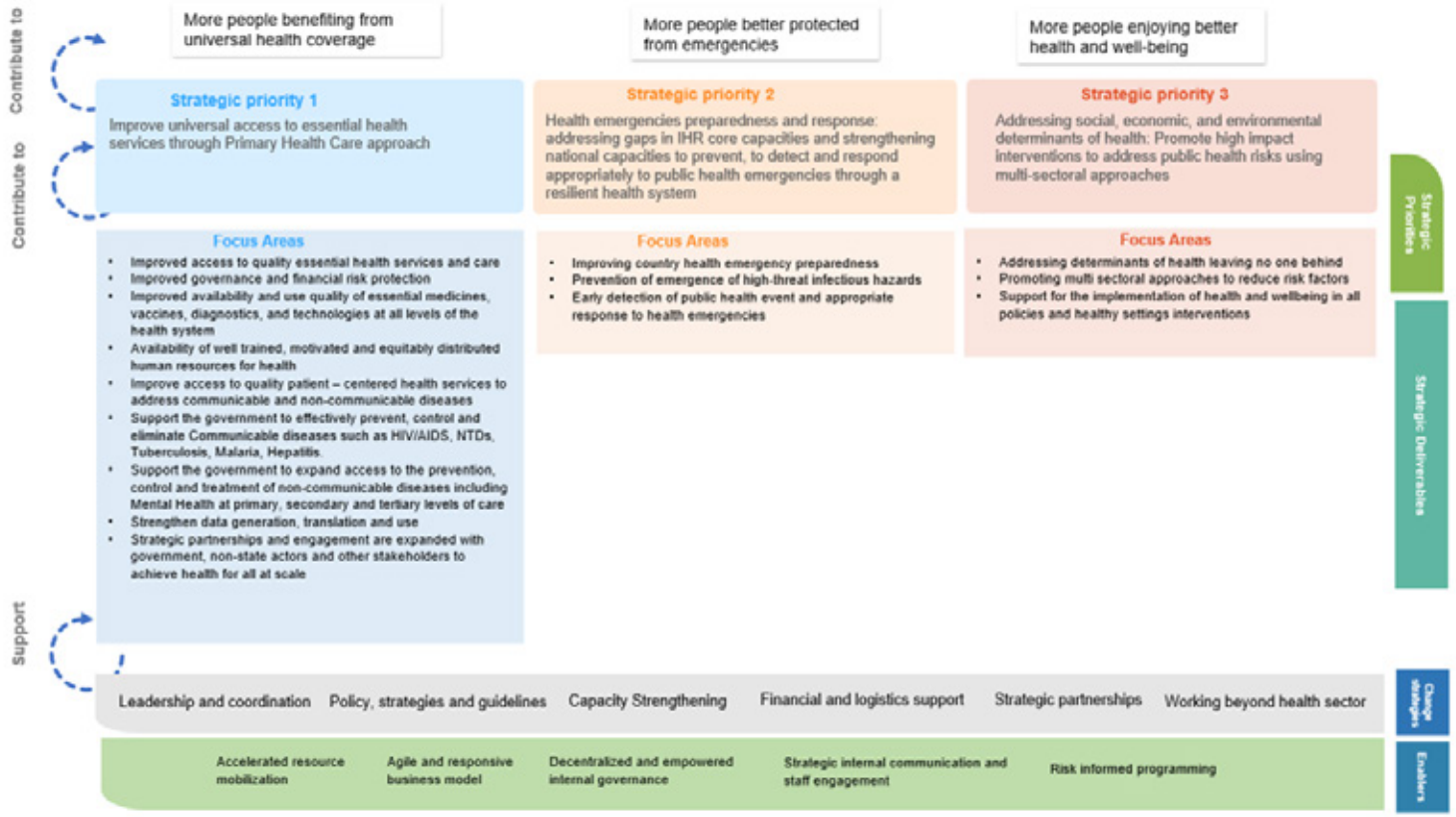
Strategic partnerships and engagement are expanded with governments, non-State actors and other stakeholders to achieve health for all at scale	7.1. Effective WHO health leadership through convening, agenda-setting, partnerships, and communications advances GPW 14 outcomes.	Number of partners engaged including Government, non-State actors and other stakeholders relevant for the health sector	35 per year	80%	Annual	WHO Annual report

Focus areas	GPW 14 outcome	Outcome indicator	Baseline	Target	Monitoring Frequency	Data source
Improving country health emergency preparedness	5.2 Preparedness, readiness and resilience for health emergencies enhanced	International Health Regulations (2005) capacity and health emergency preparedness (% of JEE indictors with score of 4 or 5)	33%	40%	Annual	JEE
Prevention of emergence of high-threat infectious hazards	5.1 Risks of health emergencies from all hazards reduced and impact mitigated	Vaccine coverage of at-risk groups for high-threat epidemic/ pandemic pathogens: yellow fever,2 cholera,3 meningitis, polio, and measles	90%	90%	At every outbreak	DHIMS Outbreak report
Early detection of public health event and appropriate response to health emergencies	6.1 Detection of and response to acute public health threats is rapid and effective	Timeliness of detection, notification, and response of International Health Regulations (2005) notifiable events (7–1–7 as new target in draft GPW 14)	NA	100%	At every outbreak	Outbreak report

Focus areas	GPW 14 Outcome	Outcome indicator	Baseline	Target	Monitoring frequency	Data source
Addressing determinants of health leaving no one behind	2.1 Health inequities reduced by acting on social, economic, environmental, and other determinants of health	Proportion of population using safely managed drinking water services – **limited**	6% (2022)	4%	Biennial	Survey
		Proportion of population using safely managed sanitation services – **open defecation**	25% (2022)	15%		
		Number of policies, strategies, and action plans to tackle environmental & other determinants of health	0	2		
Promoting multisectoral approaches to reduce risk factors	2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches	Proportion of population using (a) safely managed sanitation services	16%	20%	Biennial	Survey
Support for the implementation of Health and Wellbeing in all policies and healthy settings interventions	2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making	Number of multisectoral platforms address health and well-being	3 (Water, Sanitation, Food Security and Nutrition)	5	Annual	Annual report

Theory of change



The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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