



MINISTRY OF HEALTH

2020 ANNUAL PERFORMANCE REPORT

FEBRUARY 2, 2021

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LIST OF ACRONYMS

AD	Audit Directorate
AMR	Anti-Microbial Resistance
ARVs	Anti-Retroviral Therapy
CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CHPS	Community Health Planning and Services
FD	Finance Directorate
GAD	General Administration Directorate
HRHD	Human Resource for Health Development Directorate
HSMTDP	Health Sector Medium Term Development Plan
IGF	Internally Generated Fund
NHIS	National Health Insurance Policy
MAF	Millennium Accelerated Framework for Maternal Mortality
MDGs	Millennium Development Goals
MOH	Ministry of Health
PBB	Program Based Budget
PPMED	Policy, Planning, Monitoring and Evaluation Directorate
PSC	Public Services Commission
SDGs	Sustainable Development Goals
UHC	Universal Health Care

EXECUTIVE SUMMARY

PART ONE: PROFILE OF SECTOR MINISTRY

The Ministry of Health (MoH) was established under the Civil Service Law, 1993 (PNDC Law 327) with a mandate to develop and co-ordinate relevant health policies towards effective health service delivery. The sector has four main objectives with a broader goal of ensuring good health and well-being for all people living in Ghana.

PART TWO: HUMAN RESOURCE DATA AND ANALYSIS

The staff currently on the Ministry of Health nominal roll increased marginally from 384 in 2019 to 393 in 2020, representing a 2.34% increase. Male staff were the majority, represented 223 (56.74%) compared with female staff 170(43.26). Also, out of the 393 staff on the nominal roll, majority (282) of the staff constitute the Senior Staff (staff that have acquired diploma certificate and beyond), representing 71.76%. Furthermore, staff within 31-40years age category were the majority (146), representing 37.2%. In addition, staff aged 60+ constituted the least group (1.8%).

PART THREE: KEY ACHIEVEMENT, REFORMS AND SUSTAINABLE DEVELOPMENT GOALS (SDGS) OF THE SECTOR

The sector primarily focused on fighting Covid-19 Pandemic. A National Strategic COVID-19 Response Plan was developed. As of 18th January 2021, **58,431** cases have been detected with **55,899** (95.7%) discharges / recoveries, **358** deaths (CFR of 0.61%), and **2,174** (3.7%) active cases. The total number of Health Care Workers affected was **3,659**.

Also, as part of the Infrastructure for Poverty Eradication Programme (IPEP), 10,000 hospital beds have been procured to support healthcare delivery across the country. In addition, each constituency has been allocated 29 hospital beds comprising of delivery beds, critical care beds with overbed tables standard hospital beds type 1 & 2 with bedside lockers and children's Cots. Three-Hundred and Seven (307) new ambulances were procured to strengthen and improve quality of care in pre hospital and emergency care services in 2020. The Ministry also successfully organized COVID-19 Monitoring exercise to assess the implementation status of Ghana's Emergency Preparedness and Response Plan (EPRP) Project. The NHIS Mobile Renewal Service was rolled out nationwide to relieve members of the inconveniences associated with membership renewals at the district offices. Several policies were developed during 2020, which include the National Health Policy and Mental Health Policies.

PART FOUR CHALLENGES

The pandemic significantly affected the provision of health services such as Immunization, Family Planning and immunization services. Other pertinent issues were inadequate human resource capacity and logistics to manage severe cases of COVID-19 as well as Inequitable distribution critical health professionals to health facilities across the country.

INTRODUCTION

Section 85 (1) of the Civil Service Act, 1993 (PNDC Law 327), requires sector ministries to submit an Annual Report giving details of the administration of service during the preceding twelve months. In compliance with this requirement, the 2020 APR has been prepared. The report has been structured into five parts and arranged as follows:

- Profile of the sector ministry
- Human resource data and analysis
- Key achievement, reforms and sustainable development goals (SDGs) of the sector
- Challenges
- Outlook of programmes and projects for 2021

This report presents an overview of the health sector performance for 2020 with highlights on key achievement recorded and challenges encountered. It provides information on financial performance and the priority areas the sector focused on and is continuing to build on to achieve health for all.

2.0 PART ONE: PROFILE OF SECTOR MINISTRY

The Ministry of Health (MoH) was established under the Civil Service Law, 1993 (PNDC Law 327) with a mandate to develop and co-ordinate relevant health policies towards effective health service delivery. The sector has four main objectives working towards to achieve the broader goal of ensuring good health and well-being for all people living in Ghana. These are:

1. Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services (Universal Health Coverage)
2. Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases
3. Enhance Efficiency in Governance and Management
4. Intensify Prevention and Control of Communicable Disease and Ensure the Reduction of New HIV/AIDS and other STI, especially among the Vulnerable

The Ministry of Health also seeks to improve the health status of all people living in Ghana, through the development and promotion of proactive policies for both public and private sector institutions, provision of universal access to basic health service, and the provision of quality and affordable health services.

Vision

The vision of the Health Sector is to have a healthy population for national development. The ultimate goal of the Health Sector is to promote, restore, and maintain good health for all people living in Ghana.

Mission

The mission is to work towards the achievement of healthy lives for all people living in Ghana through an enabling policy framework that recognizes, empowers, and brings together, in a coordinated manner, all stakeholders.

Functions

1. Formulate, coordinate and monitor the implementation of sector policies and programmes
2. Mobilize and allocate resources
3. Provide public health and clinical services at primary, secondary and tertiary levels.
4. Regulate health professionals and accredit health delivery facilities
5. Train health professionals
6. Regulate drugs, food and non-food products.
7. Conduct and promote scientific research.

ORGANIZATIONAL STRUCTURE OF THE MINISTRY OF HEALTH

LIST OF AGENCIES

The Ministry of Health has Twenty (25) Agencies through which its vision and goal are realized. The Agencies perform service delivery, regulatory, financing, research and training functions and are responsible for implementing policies of the Ministry.

Public Service Organization

1. Ghana Health Service
2. Korle-Bu Teaching Hospital
3. Komfo Anokye Teaching Hospital
4. National Blood Service
5. National Ambulance Service
6. Tamale Teaching Hospital
7. Cape Coast Teaching Hospital
8. Mortuaries and Funeral Homes Regulatory Board
9. Ho Teaching Hospital

Public Boards and Councils

10. Medical and Dental Council
11. Nursing and Midwifery Council
12. Pharmacy Council
13. Traditional & Alternative Medicine Council
14. Allied Health Council
15. Food and Drugs Authority
16. Health Facilities Regulatory Agency
17. College of Pharmacy
18. Psychology Council
19. National Health Insurance Authority

Others

20. Centre for Scientific Research into Plant Medicine
21. Ghana College of Physicians and Surgeons
22. College of Nursing and Midwives

Subverted Organizations

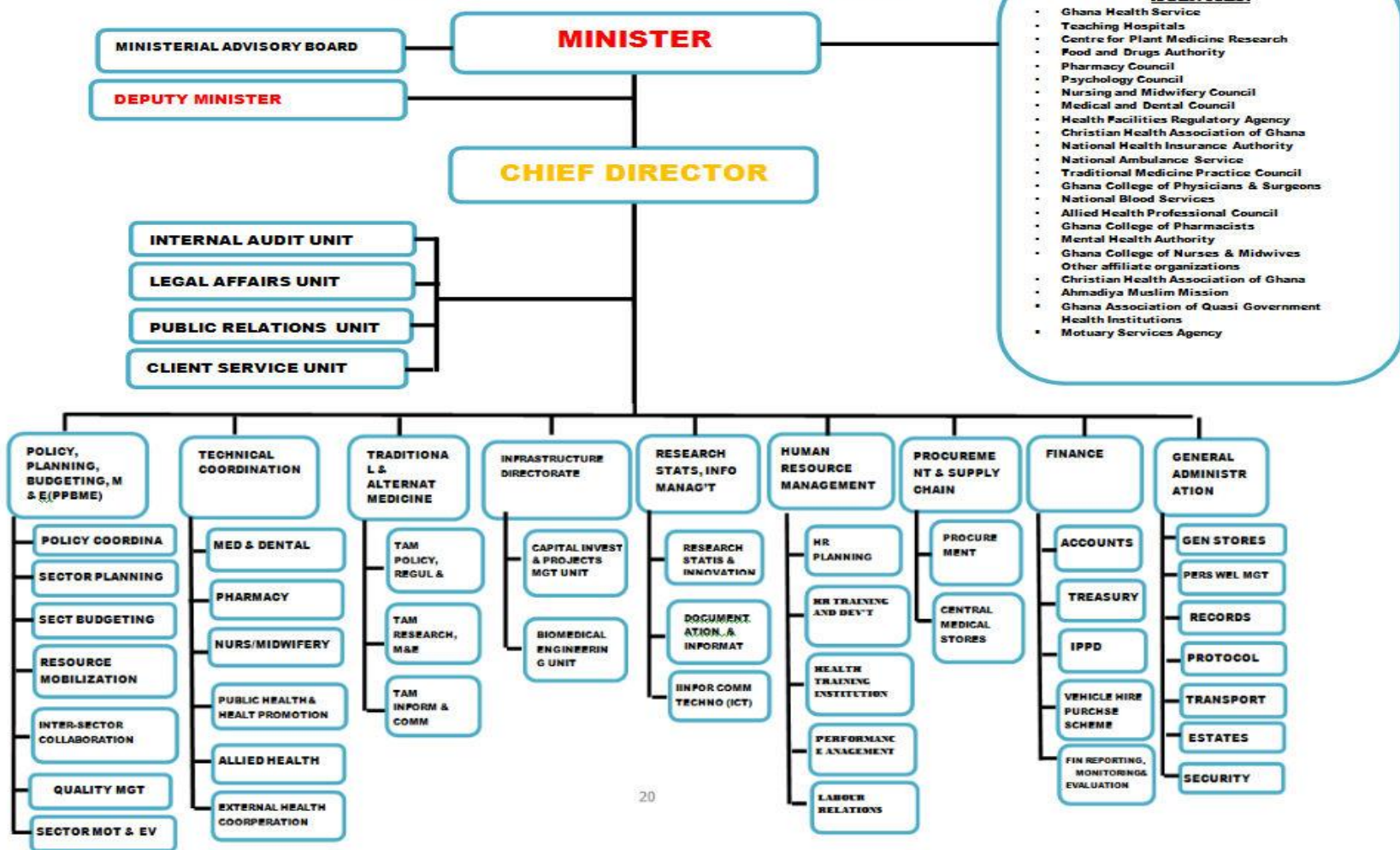
23. Christian Health Association of Ghana
24. Ahmadiyya Muslim Mission
25. St. John's Ambulance Brigade

MOH Directorates

To effectively perform its functions, the Ministry of Health has been divided into nine directorates namely;

1. General Administration
2. Human Resource for Health Development
3. Finance Directorate
4. Traditional and Alternative Medicine (TAMD)
5. Audit Directorate
6. Research and Statistics Directorate (R&S)
7. Policy Planning, Budgeting, Monitoring and Evaluation Directorate (PPBMED)
8. Technical Coordination
9. Infrastructure Directorate
10. Procurement and Supply Directorate

MINISTRY OF HEALTHORGANSATIONAL STRUCTURE



POLITICAL AND BEAUCRATIC HEADS OF THE MINISTRY

Political Head

Designation	Name	Period of office
Minster for Health	Hon. Kwaku Agyeman Manu (MP)	Feb, 2017 – January, 2021
Deputy Minister for Health	Hon. Tina Mensah (MP)	April, 2017 – December, 2020
Deputy Minister for Health	Hon. Alexander K.K.K Aban	April, 2019-April 2020
Deputy Minister for Health	Hon. Dr. Bernard Okoe Boye	Apr, 2020 - December, 2020

Bureaucratic Head

Name	Designation	Period of office
Chief Director	Nana Kwabena Adjei- Mensah	2018 - May, 2020
Ag. Chief Director	Kwabena Boadu Oku-Afari	Jul, 2019 –Date

Heads of Department

S/ N	Name of Directorate	Name of Bureaucratic Head	Substantive Grade	Period of office
1	Administration	Mr. Hamidu Adakurugu	Director	Oct, 2013 - Date
2	Policy, Planning, Monitoring and Evaluation	Dr. Emmanuel Odame	Director	Feb, 2019 - Date
3	Human Resource	Dr. Kwesi Asabir	Director	Feb, 2019 - Date
4	Finance	Daniel Azibila	Director	Oct, 2017- Date
5	Traditional and Alternative Medicine	Dr (Mrs.) Anastasia Yirenkyi	Director	May, 2016 - Date
6	Infrastructure	Mr. Ben Nkansah	Ag. Director	Feb, 2019 - Date
7	Research Statistics Information Management	Samuel Amponsah	Ag. Director	Feb, 2019 - Date
8	Technical Coordinating	Dr (Mrs) Martha Gyansa - Lutterodt	Director	Feb, 2019 - Date
9	Procurement and Supply Chain	Mr. Romeo Tetteh	Ag. Director	
10	Audit	Mr. Daniel Adonu		January, 2019- Present

3.0 PART TWO: HUMAN RESOURCE DATA AND ANALYSIS

The staff currently on the Ministry of Health nominal roll increased marginally from 384 in 2019 to 393 in 2020, representing a 2.34% increase. Also, out of the 393 staff on the nominal roll, majority (282) of the staff constitute the Senior Staff (staff that have acquired diploma certificate and beyond), representing 71.76%. (Table 1). The Ministry of Health also had five staff exiting the service, (4 retired and 1 deceased person).

About 19% of the staff are within the administrative class whilst 13% work in the accounting class (See appendix 1B). Furthermore, staff within 31-40years age category were the majority (146), representing 37.2%. In addition, staff aged 60+ constituted the least group (1.8%). With regards to sex distribution, male staff were more, represented 223 (56.74%) compared with female staff 170(43.26).

Table 1: Staff Category of Ministry of Health Headquarters, 2020

	Number	Percentage (%)
Junior	111	28.24
Senior	282	71.76
Grand Total	393	100

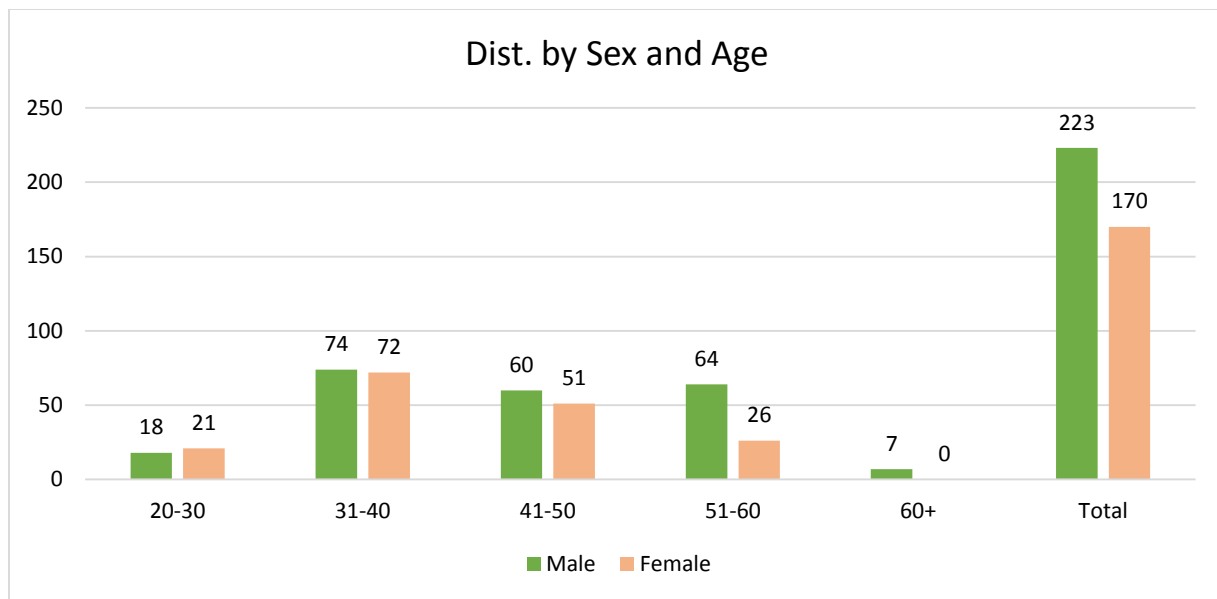


Figure 1. Showing age distribution of staff at the Ministry of Health Headquarters disaggregated by sex.

4.0 PART THREE: KEY ACHIEVEMENT, REFORMS AND SUSTAINABLE DEVELOPMENT GOALS (SDGS) OF THE SECTOR

4.1 KEY ACHIEVEMENTS

The Ministry of Health was unable to implement most of its plans for the year as indicated in the Annual Programme of Work. This is due to several factors including the onset of COVID-19 as a Pandemic and the relocation of the Ministry to the new premises. This section therefore reflects to a large extent, COVID-19 related activities and other planned activities in the Annual Programme of Work (APOW) of the Ministry of Health.

4.1.1 CONTROL AND MANAGEMENT OF COVID-19 IN GHANA.

The sector primarily focused on fighting Covid-19 Pandemic. A National Strategic COVID-19 Response Plan was developed. The overall goal of the plan includes: reducing the incidence, and mortality of COVID-19 pandemic and the negative impact on the socio-economic lives of the people.

Strategic objectives outlined in the plan are as follows:

- Limit and stop the importation, detect & contain the Virus
- Slow down and manage community spread
- Provide adequate medical care for COVID-19 cases
- Strengthen Governance, Coordination and Accountability of COVID-19 Response
- Minimize Impact of COVID-19 on Social & Economic Life
- Increase Domestic Capacity & Self-Reliance

To ensure the country's response to the pandemic is properly coordinated, overall national coordination was elevated to the level of the Office of the President. The country adopted a whole government approach thus allowing the whole governance apparatus to support the response. As a result, a multi-sector and Multidisciplinary strategy at all levels of government was established and coordinating structures activated at levels. Response activities were therefore decentralized to the district level to a very large extent.

Public health Emergency Management structures established include:

- Inter-Ministerial Coordinating Committee (IMCC)
- National Technical Coordinating Committee (NTCC)
- Emergency Operating Centre (EOC)
- Public Health Emergency Management Committees at all levels.

- Rapid Response Teams (RRTs) at all levels.

As part of the overall coordinating efforts, all regions were encouraged to produce situation reports regularly. As of 18th January 2021, **58,431** cases have been detected with **55,899** (95.7%) discharges / recoveries, **358** deaths (CFR of 0.61%), and **2,174** (3.7%) active cases. Majority of the active cases came from Greater **Accra** (52.9%), **Ashanti** (8.2) and **Western** (5.7%). Currently all **16** regions and **243** districts of Ghana have reported cases. Also, 717,279 (22,746 per million) tests have been conducted. The total number of Health Care Workers affected was **3,659**.

The keys strategies adopted for combating the diseases are;

1. Reduce exposure to infection
2. Track all suspected infected individuals and their contacts to minimize spread to others
3. Test all suspected cases and their contacts for early detection and appropriate management
4. Treat all positive cases effectively with focus on early initiation of treatment

Surveillance, Rapid Response and Case Finding-COVID-19

Through the Ministry of Health's instrumentation, a case definition guide for COVID-19 was developed. This was disseminated to all relevant facilities and institutions in both the public and private sector. Multiple surveillance strategies were adopted and implemented in Ghana. The strategies include;

- Routine Surveillance
- Enhanced Surveillance; Trace, Test and Treat (3T approach)
- Mandatory quarantine and testing for all contacts
- Isolation of all confirmed cases

As part of the surveillance activities, all land borders with neighboring countries were closed. International flights were also suspended except for approved flights from the office of the President. Last flights from high burden countries had passengers (1,030) placed under mandatory quarantine for two weeks among which 105 passengers tested positive. Ghanaian returnees were allowed in but placed under a 14-day quarantine.

Table 2. Samples Tested and Positivity Rate by Surveillance Type in Ghana (Mar- July,2020)

Surveillance Type	Total no. Tested	Total No. positive	Positivity rate
Routine Surveillance	145,104	14,845	10.23
Contact tracing	254,342	22,967	9.03
Total	399,446	37,812	9.47

Laboratory and Testing

Ghana is using Molecular test by Polymerase Chain Reaction (PCR). Initially Noguchi Memorial Institute for Medical Research (NMIMR) was the only laboratory providing COVID-19 testing services. Others like Kumasi Centre for Collaborative Medical Research (KCCR), National Public Health Reference Laboratory (PHRL), VSD, University of Health and Allied Sciences (UHAS), Centre for Scientific and Industrial Research (CSIR), and some private sector operators were brought on board. There are plans to bring onboard other testing sites using GeneXpert. Six sites were identified for GeneXpert testing for COVID-19. They are;

- Bolgatanga Regional Hospital
- Wa Regional Hospital
- Western North Regional Hospital, Sefwi Wiawso
- Sunyani Regional Hospital
- Takoradi, Public Health Laboratory
- Cape Coast Teaching Hospital

Some Rapid Diagnostic tests were evaluated for consideration as a potential window for expanding and enhancing testing for COVID-19. The tests were conducted by the Food and Drugs Authority and the Noguchi Memorial Institute for Medical Research.

Risk Communication

Risk communication strategies for COVID-19 employed multiple avenues for information dissemination. It includes public awareness using multiple media to communicate disease transmission, risk factors, signs and symptoms and available treatment; Presidential broadcasts on COVID-19; Weekly Ministerial Press Briefs since 21st January were carried out. Investigation of rumours and management of misinformation is also a key strategy that was adopted.

COVID-19 risk communication and Social Mobilization protocols were developed and deployed with strong involvement from the private sector and Civil Society Organizations. Messages that have been communicated over the period are:

1. Social/physical distancing
2. Washing of hands with soap under running water
3. Use of Alcohol-based hand sanitizers
4. Wearing of face/nose masks in public
5. Healthy Eating
6. Protocols for transport, sports, tourism, churches, mosques, schools and workplace have all been developed.

Case Management

Ninety-eight (98) Treatment and Isolation Centres were established in the country Ghana as at mid-July, 2020. Seventy-one (71) of these were Treatment Centres whilst twelve (12) were Isolation Centres. Total bed capacity (both isolation and treatment) was two thousand and two (2,002). Currently 58 sites are actively managing cases. The Ministry of Health earmarked 35 Intensive Care Unit (ICU) beds and 36 ventilators country wide to support COVID-19 management. ICU doctors and nurses available nationwide are 43 and 111 respectively.

The Ministry with support from stakeholders has reviewed the Case management guidelines as well as developed COVID-19 Provisional Standard Treatment Guidelines. Ghana has also registered to become part of the Global Solidarity Trial. Co-Principal Investigators have therefore been appointed and treatment centre leads adequately engaged in this respect.

The Two main approaches to case management adopted were: treatment in Isolation at treatment centres and treatment in isolation at homes for mild and cases without other underlying conditions. For cases managed in isolation at treatment centres, the following guide was provided;

- Azythromycin, Hydroxy Chloroquine & Zinc
- Ventilation support and Oxygen therapy
- Symptomatic and supportive treatment

4.1.2 HEALTH SECTOR POLICIES

National Health Policy

The National Health Policy was developed under the stewardship of the Minister for Health. The process leveraged the Health Sector Working Group Platform for strategic guidance under the

chairmanship of the Chief Director of the Ministry of Health. The goal of the policy is to promote, restore and maintain good health for all people living in Ghana.

The policy is to ensure healthy lives for all people living in Ghana, recognizing the wider scope of health. This policy derives inspiration from the Directive Principles of State Policy in Article 34 (2) of the 1992 Constitution.

Other Policies developed or completed in 2020 include:

- Food Safety Policy
- The Mental health Policy
- Non- communicable and Employee HIV/AIDS Policy
- Workplace HIV/AIDs Policy
- Pre-Hospital & Emergency Services Policy
- National WASH strategy
- A draft National Strategic COVID-19 Response Plan to the threats of the COVID-19 pandemic in Ghana.

4.1.3 DRONE DELIVERY TECHNOLOGY (FLY ZIPLINE TECHNOLOGY)

The Drone Delivery of essential services continues to make significant gains and contributions in the health sector. The Zipline established four (4) centres across the country, from where vaccines, blood and blood products, and other medicines are sent to health facilities at hard to reach areas.

The centres are located at:

- Omenako
- Mpanya
- Vobsi
- Sehwi Wiawso

At Zipline Omenako, registered the highest number of deliveries in the year. This was mainly because of a delay in supply by the Regional Medical Stores and Zipline 's support of a vaccination campaign held in the region.

At Zipline Mpanya, 1254 deliveries were made in November, with 71.5% and 22.2% being medical and vaccine products respectively. Sample deliveries rose a little bit above that of October. Out of the 24 sample deliveries made to KCCR, 23 were associated with COVID test samples. Mpanya managed to transport its first Buruli sample in the month of November.

At Zipline Vobsi, deliveries saw a marginal decrease as compared to last month. The decrease was due to the completion of the sole delivery project for most facilities and also the entry into the dry season. Stock outs at the regional medical stores also played a huge role in the dip in deliveries at the center.

At Zipline Sehwi Wiawso, 1660 deliveries were made. 8% of these deliveries were emergency deliveries with rest being resupply deliveries. 16,227 units of products were delivered over the month of November i.e. 7,151 units of medical products, 9,061 units of vaccine and its related items (i.e. Soloshot, Diluent) and 15 units of blood products.

Also, Zipline in the month of November served as a hub for the Ministry of Health in the distribution of anti-snake sera to regions. Zipline took hold and served as a distribution site for the various regional medical stores. The Western North and North East Regional medical stores however allocated their stock for facilities to be served solely by Zipline.

4.1.4 PROCUREMENT

As part of the Infrastructure for Poverty Eradication Programme (IPEP), 10,000 hospital beds have been procured for the Ministry of Health to support healthcare delivery across the country. Each constituency was allocated 29 hospital beds comprising of delivery beds, critical care beds with overbed tables standard hospital beds type 1 & 2 with bedside lockers and children's Cots.

A quantity of PPEs and other logistics for supporting the national response for COVID-19 were also procured. Details of commodities and their cost are indicated at the annex.

4.1.5 NATIONAL AMBULANCE SERVICE

As part of efforts to enhance emergency services in the country, 307 new ambulances have been procured to strengthen and improve quality of care in pre hospital and emergency care services in 2020. The services will be extended to cover all constituencies. Efforts are also being made to strengthen hospital and emergency care services and as being captured specifically as a priority area in our UHC Roadmap.

As part of our response to COVID-19 pandemic, National Ambulance Service build capacity of Emergency Medical Technicians (EMT) to be able to respond to the pandemic appropriately. A total number of 2,620 cases were attended to during the period under review.

4.1.6 COVID-19 EPRP MONITORING VISIT

The COVID-19 EPRP Monitoring visits were successfully organized by MOH and its Implementing Partners in December, 2020. This initiative of the Ministry of Health was to assess the implementation status of Ghana's Emergency Preparedness and Response Plan (EPRP) Project. The EPRP was initiated as a strategic response to the COVID-19 outbreak by the GoG with support from the World Bank.

The objectives of the EPRP monitoring were:

1. To gather and asses data/information on all EPRP performance indicators.
2. To assess the financial expenditure of all planned activities.
3. To assess the availability of PPEs at the various implementing agencies.
4. To assess the operational challenges hindering the project implementation by the Ministry of Health and other Implementing Partners (Ips).

5. To make recommendations for improvements.

Identified issues:

- ❖ Allowances for contact tracers have not been fully paid. Only the first tranche has been paid. This has created immense dissatisfaction among members of the contact tracing teams.
- ❖ Transportation of samples was a big challenge in the district, as they often have to rely on district/municipal health directorates vehicles, which delay the transportation to testing site.
- ❖ Though trainings have been organized for contact tracers, it was observed to be inadequate, as only two training so far have been organized.
- ❖ There is inadequate number of staff for contact tracing. This has led to staff rationing affecting service delivery.
- ❖ Contact tracing has tremendously affected normal service delivery, mostly especially OPD attendance and Immunization.
- ❖ Hospitals staff have discomfort using locally procured nose mask.
- ❖ Disclosure of testing results creating serious problems in the region for health workers involved with it.
- ❖ Difficulty in reintegration of recovered patients into the community due to stigma.
- ❖ There is difficulty in identifying who critical covid-19 health workers are, leading to unequal benefits from the 50% salary allowance initiative introduced by government.
- ❖ Health workers are not aware of the modalities involved in assessing the covid-19 insurance package.

Lessons Learnt

- Regions have scheduled times with the media for interactions on issues on COVID-19
- CCTH went through a stimulation exercise to identify gaps in their plans before implementation.
- Some THs secured accreditation from FDA to mass produce hand sanitizers and face masks
- Early detection of cases through enhanced contact tracing coupled with the normal routine surveillance is key to responding appropriately to the pandemic.
- Enhanced surveillance helped immensely with the response process
- Multisectoral approach has immensely helped the response process as well.

- Support from corporate bodies and individuals, has also influenced the response positively etc.

General Recommendations

- ❖ There is the need for government to address the outstanding allowances due contact tracers.
- ❖ Also, the 50% income allowance policy should be reviewed for critical health staff since most health workers are wrongly denied the benefit.
- ❖ Distribution of PPEs to the health centres, and lower levels inadequate and must be critically monitored by procurement unit of the Ministry of Health, and Regional Health Directorates.
- ❖ N95 Nose Mask inadequately supplied and more must be urgently procured and distributed,
- ❖ The momentum regarding contact tracing has tremendously fallen and needs to be revived, especially enhanced contact tracing.
- ❖ Periodic trainings should be organized for contact tracers in the regions, districts and sub-districts.

4.2 HEALTH SECTOR REFORMS

4.2.1 NHIS MOBILE PHONE RENEWAL

The NHIS Mobile Renewal Service was rolled out nationwide to relieve members of the inconveniences associated with membership renewals at the district offices. This initiative has been welcomed by majority of NHIS members and has contributed immensely to daily registration and renewal due to its convenience.

E-receipting: the NHIA has rolled out electronic receipting to 43 District Offices and preparations are being made to roll out nationally. Monitoring reports indicate that these offices have improved tremendously in premium collection and accountability. Revenue has increased by 33% in the first 6 regions (Central, Western, Eastern, Volta and Oti Regions) after the introduction of E-receipting.

E-renewal: This has led to complete transformation of NHIS enrollment process. Benefits include increased renewal numbers of within four months of implementation, 63% of renewals were through mobile phones in April 2019 and an average weekly attendance of 550,000 patients authenticated. Revenue from E-renewal constitutes 41% of the first quarter 2019 revenue from registration (Premium and Processing fees).

Clinical Audit: strengthening of clinical audit has resulted in the recovery of GHC 28.4 million for overbilling of claims.

4.2.2 Integrated Logistics Management System

The Integrated Logistics Management System was developed to provide health commodities logistic data and ordering functionalities to enhance user's ability to apply information from LMIS to improve forecasting/quantification, budgeting, procurement, inventory control, storage distribution and reporting from health facilities to central levels.

The LMIS eliminates the limitations and challenges created by the current system thus lack of end to end visibility and relevant data for decision making and performance monitoring. The current implementation status includes: Onboarding of 299 facilities including 9HCs in the Western Region, 4 Zipline Distribution Centre, and training of approximately 961 end users at the Program, OCP, P&S, SSDM.

4.2.3 Health Electronic Recruitment System

The Human Resource Online Recruitment System is an internet-based platform developed by the Ministry with its stakeholders. The purpose of this platform is to rationalize recruitment of health professionals (nurses, medical doctors, specialists, allied health professionals, etc.) and to ensure equity in the distribution of health staff across the country.

The link for accessing this platform is www.hr.moh.gov.gh. The estimated duration for the use of the online platform is five (5) minutes at any given time with a stable internet connection.

The Ministry receives data from agencies in charge of regulating health professionals such as Nursing and Midwifery Council, Allied Health Professionals Council and Medical and Dental Council on health professionals who have completed professional training. The list of health professionals is then forwarded to the Ministry of Finance for financial clearance. The Ministry of Health provides feedback to relevant parties for the commencement of the online registration. The portal can only be accessed only by health professionals who have received financial clearance from the Ministry of Finance.

Procedure for logging onto the HR recruitment platform.

The following are the steps for registration and logging onto the HR recruitment platform:

- Log onto the website: www.hr.moh.gov.gh
- Check financial clearance
- The following details are keyed in:
 - Index number/pin
 - Full name
 - Click on submit

4.3 SUSTAINABLE DEVELOPMENT GOALS (SDGS)

NO	INDICATORS	STATUS OF IMPLEMENTATION	CHALLENGES	MITIGATION
Goal 3: Ensure healthy lives and promote Well-being at all ages				
1	Institutional Maternal Mortality Ratio (IMMR) per 100,000 Live Births	The sector recorded 131.8/100,000 live births in 2020, an indication of improved performance compared to 139.5 live births in 2019. The health sector target of reducing Institutional Maternal Mortality ratio to less than 140/100,000 live births was achieved in 2020.	Despite this achievement, challenges identified were: Late referral of pregnant mothers High ANC dropout rate Inequitable distribution of health workers Inadequate logistics	Public Education and sensitization should be strengthened Ensure Equitable distribution of health workers Resources to improve provider skill and competence and response needed.
2	Proportion of deliveries attended by trained health workers.	The target (62%) for skilled delivery in 2020 was not achieved. Coverage for the period stands at 56.4%.	Inequitable distribution of health workers High ANC dropout rate Lack of access to health facilities	Increased enrolment of midwives and CHNs Ensure Equitable distribution of health workers Equipping CHPS zones
3	Malaria under-five mortality rate	The risk of a child dying from malaria has reduced from 16 per 10,000 in 2019 to 10 per 10,000 in 2020. This performance has exceeded the Malaria Control Programme's expectations of 20 per 10,000.	Delays in procurement of malaria commodities	Ensure availability of adequate resources to execute planned activities Strengthen malaria case detection and improving malaria case management (diagnosis and treatment)

NO	INDICATORS	STATUS OF IMPLEMENTATION	CHALLENGES	MITIGATION
				Increasing coverage of ITNs Ensure target districts with high records of malaria incidence are covered through Indoor Residual Spraying
4	Institutional Neonatal mortality rate	Institutional neonatal mortality has worsened over years. The target of 4.8/1000LB was not achieved in the year under review. The performance declined from 7.3/1,000LB in 2019 to 7.5/1000 LB in 2020.	High ANC dropout rate Low PNC coverage	Promote health education Strengthen Newborn Care services Promote Infection Prevention control (IPC)

4.5 IMPACT OF FLEXIBLE WORKING HOURS (FWH) INITIATIVE

In light of the directive from the Head of Civil Service, the Ministry of Health adopted several working hours for its staff. Different approaches including: Two weeks working shift system, bi-weekly working hours, entirely virtual and partial working approaches were all adopted by directorates and units under the Ministry at their convenience. Generally, the approaches adopted were successfully implemented and influenced productivity effectively and efficiently. However, initial hiccups and challenges such as inefficient supply of data and internet related accessories for workers working from home, inadequate laptops for all staff. The adoption of these approaches largely influenced staff to innovate and quickly adapt to the rapid changing technological advancements, which has a potential of further improving efficiency in service delivery in Ghana.

4.6 FINANCIAL PERFORMANCE

The approved budget for the Health sector as per the 2020 Budget Statement of Ministry of Finance as adjusted by reallocation and additional budget support for COVID-19 was GH¢7.43 billion. This comprises funding from GoG of GH¢4.46 billion; IGF GH¢1.93 billion; ABFA of GH¢0.057 billion, Donor of GH¢0.41 billion and World Bank funding of 0.56 billion

As at the end of the period 30th June 2020, the sector had expended GH¢3.64 billion on its activities. The actual expenditure from GoG is GH¢2.53 billion. Out of the total GoG expenditure 89.68% was on Employee Compensation.

MINISTRY OF HEALTH 2020 BUDGET PERFORMANCE

SOURCE OF FUND	2020 APPROVED BUDGET GHC (Million)	ACTUAL EXPENDITURE AS AT 30TH JUNE 2020				%
		COMPENSATION OF EMPLOYEES GHC (Million)	GOODS & SERVICES GHC (Million)	ASSETS GHC (Million)	TOTAL GHC (Million)	
GoG	4,214.92	2,271.66	30.05	231.33	2,533.03	60.10%
GOG-NHIA	244.00	-	-	-	-	0.00%
IGF	1,931.08	78.74	435.71	33.06	547.51	28.35%
Donor EM/SBS	412.97	-	278.96	0.09	279.05	28.48%
WorldBank Loan	566.74		281.33		281.33	49.64%
ABFA`	57.40	-	-	-	-	0.00%
TOTAL	7,427.11	2,350.39	1,026.05	264.48	3,640.91	49.02%

5.0 PART FOUR CHALLENGES

- Some pertinent issues such as inadequate human resource capacity and logistics to manage severe and critical COVI-19 cases, varying standards and conditions at isolation/treatment centres, challenges with funding for running centres, irregular supply of logistics, delays in receiving laboratory Polymerase Chain Reaction (PCR) results, increasing infection and low motivation of frontline staff over remuneration and pecuniary matters, as well as sub-optimal coordination among various actors providing care are limiting the impact of the national response
 - Facilities for isolation and quarantine in some of the regions and districts
 - Backlog of samples for laboratory testing (improved with additional testing sites)
 - Low adherence to new normal by the general population (such as wearing face masks, social distancing, etc.)
 - High numbers of health worker infection
- The pandemic affected the provision of health services. Coverage of services such as Immunisation, Family Planning and immunization services. Both Out Patient and inpatient services were also affected. Community health outreach, Testing and Laboratory Services

3. The continues delay in NHIS reimbursement to Providers is affecting service delivery within our health facilities across the country. This is largely due to the following observed pertinent issues:
 - Inadequate of data collection Tools- Registers and reporting forms
 - Inadequate and slow deployment of ICT
4. Inequitable distribution of critical health professionals to health facilities across the country.
5. Rapid urbanization (limited health facilities, particularly in the urban and peri-urban areas)
6. Inadequate transportation system at the district and sub-district levels (Overage vehicles)

6.0 PART FIVE: PROGRAMMES AND PROJECTS 2021

As the last implementing year of the 2018-2021 HSMTDP the Ministry will continue to consolidate and sustain the gains made for the last three years. In addition, the 2021 HSMTD priority areas will be considered alongside existing priorities.

The following are the priority areas for 2021:

- Ensure sustainable affordable, equitable and easily accessible healthcare services
- Improving health infrastructure at the primary health care level including;
- Accelerate the construction of Primary Secondary and Tertiary facilities
- Implement Agenda 111
- Complete Ongoing infrastructure projects
- Capital investment directorate to update

Furthermore, the following areas alongside its specific focus activities and measures would be of priority:

Funding and Financial Sustainability

- Implement the health financing strategy
- Review the health financing strategy
- Restructure the National Health Insurance Scheme and make it sustainable (NHIA to update)
- Implement the new Human resource strategy (Update by HRHD)
- Address co-financing challenges - GAVI-immunisation, Global Fund, (–HIV/AIDS, malaria TB) programmes and the sustainability of public health commodities
- Explore innovative financing from domestic sources and increase the proportion of total health expenditure from domestic sources

Enhance efficiency in governance and management of the health system

- Policy development
- Revise the hospital strategy
- Medical Tourism - Finalize the medical tourism policy
- Disseminate National Health Policy
- Initiate the implementation of the Human resource strategy
- Complete the UHC Roadmap action plan
- Continue Implementation of E-health program (THs, RH, Regions)
- Scale up tele-consultation centres to regions
- Advocate for the passage of the Health Bills & LIs.
- Initiate Process for passing of the Anti-Microbial and Red Cross Bills
- Develop LI for Public Health Act, Act 851, 2012

- Strengthen health sector regulation - Finalize indicators for measuring performance for regulatory agencies
- Implement the Supply Chain Master Plan
- Procure health commodities and improve distribution
- Establish a national database for medical equipment
- Health Promotion
- Expand GIFMIS infrastructure to all levels
 - Decentralization of the health sector

Reduce morbidity, disability, mortality and intensify prevention and control of non-communicable diseases

- Continue implementation of the National Quality Health Strategy
- Develop a curriculum for the professional trainees in quality improvement in the health sector
- Develop the Assisted Reproductive Technology Policy and Guidelines
- Develop the level specific Emergency service standards and guidelines for quality improvement in the sector
- Develop and operationalize the standard of care manual for the health professionals
- Increase access to ambulance services
- Create more ambulance stations
- Train additional Emergency Medical Technicians (EMT)
- Disseminate and initiate implementation of a costed NCD policy and strategy, maternal and child health strategy, and the Health Nutrition Action Plan
- Strengthen Public health emergency preparedness and response (evidence base solutions for preventing, detecting and response)
- Develop and finalize a national emergency response policy and review the National emergency preparedness plan
- Set up Ghana Centre for Disease Control
- Emergency preparedness to deal with pre hospital and hospital emergencies (e.g. Road Traffic Accidents)
- Promote healthy environment, food safety and personal hygiene (Specific activities from FDA and other regulatory bodies)
- Implement the health antimicrobial Action Plan (Technical coordination directorate to provide specific activities)

Intensify prevention and control of communicable diseases and ensure the reduction of new HIV and AIDS/STIs infections, especially among the vulnerable groups (Update to be provided by Public Health Directorate, GHS)

- Implement the National HIV/AIDS strategic Plan
- Implementation of the policy on HIV Test, Treat and Track (90 90 90)
- Revise NSP (2021-2025).
- Achieve first 90. Of the 90-90-90 (new cases- 19,000), Specifically
- Elimination mode- No. pregnant women to be missed
- Number of exposed babies linked to treatment
- No. of pregnant women tested positive linked to treatment
- Early infant diagnosis

Implementation of the Prevention of Mother to Child Transmission (PMTCT) Option B plus and reduction of Mother to Child Transmission (MTCT) of HIV

- Implement the National Neglected Tropical Diseases Action Plan
- Implement planned activities towards Malaria elimination
- Ensure adherence to confirmed malaria cases treated with first line anti-malaria
- Ensure distribution of ITN to targeted groups (Pregnant women and children under five years)
- Strengthen surveillance against all diseases including vector borne zoonotic diseases locally and those affecting neighboring countries
- Reduce exposure to COVID-19 infection
- Track all suspected infected individuals and their contacts to minimize spread to others
- Test all suspected cases and their contacts for early detection and appropriate management
- Treat all positive cases effectively with focus on early initiation of treatment

