There is a gradual improvement in the socio-economic indicators of Ghana including those of health, though modestly. Child and infant health have experienced improvements culminating in drastic fall in their mortalities, as against neonatal mortality which was not improving that much. Immunisation remains key in the improvements registered in child health outcomes. Maternal health has not improved as expected with high mortality. It is estimated that Ghana will attain the MDGs target for 2015 in 2037 if the current trend continues. To improve upon maternal health saw the implementation of MDG Accelerated Framework (MAF). Ministry of Health in conjunction with National Development Planning Commission (NDPC) and other government agencies in working to domesticate the Sustainable Development Goals (SDGs) to respond to unfinished MDGs and to move towards UHC. Ghana continues to be confronted with public health emergencies with cholera, meningitis being the most frequent ones in recent times. Ghana has trained a large number of health workforce especially nurses over the last few years. Most of these trained staff are unemployed and those who are trained by government health training institutions usually go on strike to demand recruitment from government. Paradoxically there is the need for more health workers in the health facilities as against a large pool demanding employment. Health financing continues to constrain and limit access to health care in Ghana as National Health Insurance Scheme (NHIS) has been challenged in raising enough revenues to pay its service providers. The indebtedness of NHIS to most of its service providers has forced some of the facilities to withdraw their services for NHIS clients and revert to cash and carry.

HEALTH POLICIES AND SYSTEMS

The sector implements Health Sector Medium Term Development Plan (HSMTDP) 2014-2017 which are annualised into Programme of Works. These documents are developed by the Ministry in conjunction with its agencies and other stakeholders (DPs). The implementation of sector policies, strategies and plans are monitored jointly by the Ministry and its agencies and DPs through a number of processes including Joint Monitoring Visits, Health Sector Working Group meetings, Quarterly MOH-DPs Business meetings and Annual Health Summits. Community Health Planning and Services (CHPS) remains government’s priority service delivery programme to improve access to health care at the door steps of the population. Since its implementation since early 2000s, the CHPS policy has been reviewed in addition to a roadmap developed in 2016 to make its implementation more relevant. Ghana has implemented NHIS since 2004 as one of the major health financing mechanisms to address financial barriers at the point of service delivery. The scheme has covered about 40% of the total population with those exempted by the law in paying insurance premium forming about 70% of the active members. NHIS is indebted to most of its service providers, majority of which are public health facilities and those belonging to Christian Health Association of Ghana for over nine months instead other normally agreed indebted period of three months. The challenges confronting the NHIS have led to its review under the directive of the President. The recommendations are yet to be accepted by government for their implementation. There is however full government commitment backed with societal call to revamp the NHIS and make it more operational. MOH has embarked on the process to strengthen its health financing policy and strategy in order to prepare itself to address perceived fall in overseas development assistance to the sector as some agencies such as Gavi’s support in current form will cease effective 2022. A number of specific health bills were enacted and some having their Legislative Instrument on tobacco control. Ghana has implemented a number of articles within the FCTC. The Ministry has reviewed its indicators in conformity with those stipulated under the SDGs. This SDG domestication exercise was undertaken in conjunction with NDPC and other government Ministries, Departments and Agencies (MDAs). In view of the re-occurring public health emergencies, the Ministry has undertaken a number of activities including core capacity developments to be able to deal with the situation when they arise.

COOPERATION FOR HEALTH

The health sector is comprised of the Ministry of Health and twenty three agencies which fall within four broad areas Service Delivery, Research and Training, Regulation and Financing. There are fifteen Development Partners and several NGO’s operating under Ghana Coalition of NGOs in Health who are very active in the health sector. For effective collaboration, a number of mechanisms to co-ordinate the several players in the sector have been agreed under Coordinating Management Arrangement (CMA). Some of the processes under CMA include Health Sector Working Group (HSWG) which meets monthly to discuss issues pertaining to planning, implementing and monitoring of sector plans. There is inter Agency Leadership Committee (IALC) which comprises agency heads and meets quarterly and their findings are shared with the HSWG. Other mechanisms include the quarterly MOH-DPs business meetings, Annual Health Summits and the signing of aide memoire to guide commitments and deliveries. There is a DPs Group which meets monthly prior to the HSWG meetings. MOH is effectively engaged in the CMA processes as well as playing leadership roles in the DPs Group as well as working closely with other non-state entities such as civil societies, the academia, and the private sector. WHO also relates with the Parliamentary Select committee on health and other state institutions such as NDPC and Ministry of Local Government and Rural Development. There is an active UN system participation in the health sector of Ghana and WHO actively participates in the engagements and the processes. WHO is also actively involved in the UN Delivery as One (DoD) processes and participates in the development, implementation and review of UNDP Plan.

HEALTH SITUATION

The sector implements Health Sector Medium Term Development Plan (HSMTDP) 2014-2017 which are annualised into Programme of Works. These documents are developed by the Ministry in conjunction with its agencies and other stakeholders (DPs). The implementation of sector policies, strategies and plans are monitored jointly by the Ministry and its agencies and DPs through a number of processes including Joint Monitoring Visits, Health Sector Working Group meetings, Quarterly MOH-DPs Business meetings and Annual Health Summits. Community Health Planning and Services (CHPS) remains government’s priority service delivery programme to improve access to health care at the door steps of the population. Since its implementation since early 2000s, the CHPS policy has been reviewed in addition to a roadmap developed in 2016 to make its implementation more relevant. Ghana has implemented NHIS since 2004 as one of the major health financing mechanisms to address financial barriers at the point of service delivery. The scheme has covered about 40% of the total population with those exempted by the law in paying insurance premium forming about 70% of the active members. NHIS is indebted to most of its service providers, majority of which are public health facilities and those belonging to Christian Health Association of Ghana for over nine months instead other normally agreed indebted period of three months. The challenges confronting the NHIS have led to its review under the directive of the President. The recommendations are yet to be accepted by government for their implementation. There is however full government commitment backed with societal call to revamp the NHIS and make it more operational. MOH has embarked on the process to strengthen its health financing policy and strategy in order to prepare itself to address perceived fall in overseas development assistance to the sector as some agencies such as Gavi’s support in current form will cease effective 2022. A number of specific health bills were enacted and some having their Legislative Instrument on tobacco control. Ghana has implemented a number of articles within the FCTC. The Ministry has reviewed its indicators in conformity with those stipulated under the SDGs. This SDG domestication exercise was undertaken in conjunction with NDPC and other government Ministries, Departments and Agencies (MDAs). In view of the re-occurring public health emergencies, the Ministry has undertaken a number of activities including core capacity developments to be able to deal with the situation when they arise.

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(Please note that the 3rd generation CCS 2014-2018 is being finalized)

## Strategic Priorities

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<tr>
<th>Strategic Priority</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Communicable Disease | • Contribute to the reduction of morbidity and mortality due to vaccine preventable diseases  
• Support the prevention, implementation and monitoring of communicable disease interventions |
| **STRATEGIC PRIORITY 2:** Non communicable diseases | • Support the development and implementation of strategic plans to address maternal, infant and young child malnutrition  
• Support the development of policies and plans for implementation of interventions to prevent and control non-communicable diseases including mental health disorders |
| **STRATEGIC PRIORITY 3:** Promoting health through the life course | • Support the development of policies and strategies plans for RMNCH and gender mainstreaming in the health sector programmes |
| **STRATEGIC PRIORITY 4:** Health systems and policies | • Support the development of National Action plan for Antimicrobial Resistance  
• Contribute to strengthening health systems for more effective service delivery |
| **STRATEGIC PRIORITY 5:** Preparedness, surveillance and response | • Contribute to attainment of IHR (2005) minimum core capabilities for all-hazard alert and response |