



MINISTRY OF HEALTH
REPUBLIC OF GHANA



National Health Policy: Ensuring healthy lives for all

Revised Edition

January 2020

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HEALTH**
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FOREWORD

Government recognises that the Ghanaian people have to be healthy if we are to make meaningful progress in nation building, and, thereby, deliver dignified standards of living for all.

Our development aspirations are consistent and perfectly aligned with the realisation of the seventeen (17) United Nations Sustainable Development Goals (Agenda 2030), which seek to build a world that is just, equitable and all-embracing, with the desired end results being inclusive economic growth, social development and environmental protection for all, without discrimination.

The adoption of a new National Health Policy is one such response to ensuring that no one is, indeed, left behind.

The Policy has been inspired by the overall national medium-term policy framework, set out in the Coordinated Programme of Economic and Social Development Policies (2017-2024), and recognises several global, continental and regional compacts and policy frameworks, such as the United Nations Sustainable Development Goals, the International Health Regulations (IHR 2005), the African Union (AU) Vision 2063: “The Africa We Want”, the ECOWAS Vision 2020 and the African Health Strategy (2016-2030). It also aligns with the Global Action Plan for Healthy Lives and Well Being that I am personally spearheading, together with Frau Angela Merkel, Chancellor of the Federal Republic of Germany, and Mrs. Erna Solberg, Prime Minister of the Government of the Kingdom of Norway.

It is envisaged that all stakeholders, at all levels, including political actors, shall be guided by the tenets of this Policy, and provide the needed leadership and support for its implementation for current and successive governments.

The Policy shall collectively ensure that there will improved alignment, complementarity and synergies within and across all public sector ministries, as well as other stakeholders towards the achievement of the national health goal. The Policy will ensure that Ministries, Department and Agencies (MDAs), and other identifiable organisations work within the ‘Health-in-All’ and the ‘One Health Policy’ frameworks, to ensure, in the near future, Universal Health Coverage for all Ghanaians, and achieve the desired healthy life status of people living in Ghana.



NANA ADDO DANKWA AKUFO-ADDO
PRESIDENT OF THE REPUBLIC OF GHANA

STATEMENT FROM THE HON. MINISTER

The National Health Policy (NHP) offers a Whole-of-government and a Whole-of-Society approach to delivering holistic, comprehensive, equitable, affordable and responsive health services towards better Quality of Life (QoL) for the people of Ghana. The current global and national health dynamics which has seen the re-emergence and emergence of novel diseases such as COVID-19, with enormous socio-economic consequences makes imperative this approach.

In the spirit of the Astana Declaration therefore, the Ministry of Health will promote multisectoral action and UHC, engaging relevant stakeholders and empowering local communities to strengthen PHC, including a better health emergency system. This policy further seeks to address economic, social and environmental determinants of health and aim to reduce risk factors by mainstreaming a Health in All Policies (HiAP) approach. Moreover, the Ministry will involve more stakeholders in the achievement of Health for All, leaving no one behind, while addressing and managing conflicts of interest, promoting transparency and implementing participatory governance. The Ministry of Health will also strive to avoid or mitigate conflicts that undermine health systems and roll back health gains.

Ghana has not achieved the desired level of health because we have not adequately addressed, in a comprehensive manner, all the key determinants of health. It is mainly due to this reason that the new National Health Policy (NHP) has been developed to promote, restore and maintain good health for all people living in Ghana.

The NHP which is to ensure healthy lives for all people living in Ghana recognizes the wider operational definition of health as being “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (WHO). It further recognizes all organizations, people and their actions which impact on the health of the population and not just those directly involved in the provision of healthcare services. This scope is intended to ensure that we all 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 using the following five (5) policy objectives:

- i. To strengthen the healthcare delivery system to be resilient
- ii. To encourage the adoption of healthy lifestyles
- iii. To improve the physical environment;
- iv. To improve the socio-economic status of the population;
- v. To ensure sustainable financing for health

All these are within the framework of multi-sectoral collaboration, strategic partnerships, decentralization, equity and citizens’ involvement and social accountability.

All stakeholders and health professionals are implored to collaborate effectively to support the implementation of the National Health Policy in order to achieve our collective broad national health goal. I am extremely confident that this revised National Health Policy will form the basis for the provision of the best possible preventive, promotive, curative, rehabilitative and palliative care services across the length and breadth of Ghana, through an integrated multi-sectoral approach to stimulate national development within the framework of Health in All Policies approach.



KWAKU AGYEMAN-MANU (MP)
MINISTER FOR HEALTH

ACRONYMS

AU	African Union
AHC	Allied Health Council
BoDs	Burden of Diseases
CD	Communicable Diseases
CHPS	Community-based Health Planning and Services
COVID-19	Coronavirus disease -2019
CPESDP	Coordinated Programme of Economic and Social Development Policies
CSDH	Commission on Social Determinants of Health
CSOs	Civil Society Organizations
CWS	Community Water Sanitation
DHIMS	District Health Information Management System
DOVVSU	Domestic Violence and Victim Support Unit
ECOWAS	Economic Community of West African States
FDA	Food and Drugs Authority
GDP	Gross Domestic Product
GHS	Ghana Health Service
GHSA	Global Health Security Agenda
GLSS	Ghana Living Standard Survey
GoG	Government of Ghana
GSS	Ghana Statistical Service
HiAP	Health-in-All Policy
HLIMC	High Level Inter-ministerial Committee
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSWG	Health Sector Working Group Platform
IHME	Institute for Health Metrics and Evaluation
IHR	International Health Regulations
IMR	Infant Mortality Rate
LCA	Life Course Approach
LMIC	Lower Middle-Income Country
MBDP	Multilateral and Bilateral Development Partners
MDAs	Ministries Department and Agencies
MDC	Medical and Dental Council
MDGs	Millennium Development Goals
MEST	Ministry of Environment, Science and Technology
MMDAs	Metropolitan Municipal and District Assemblies
MMR	Maternal Mortality Rate
MoA	Ministry of Agriculture
MoCRA	Ministry of Chieftaincy and Religious Affairs
MoE	Ministry of Education
MoF	Ministry of Finance

ACRONYMS

MoH	Ministry of Health
MoI	Ministry of the Interior
MoLGRD	Ministry of Local Government and Rural Development
MoT	Ministry of Tourism/Ministry of Transport
MoTI	Ministry of Trade and Industry
MoGCSP	Ministry of Gender, Children and Social Protection
MoYS	Ministry of Youth and Sports
MSWR	Ministry of Sanitation and Water Resources
NCCE	National Commission for Civic Education
NCDs	Non-communicable Diseases
NDPC	National Development Planning Commission
NTDs,	Neglected Tropical Disease
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NHP	National Health Policy
NMC	Nursing and Midwifery Council
NMR	Neonatal Mortality Rate
NPC	National Population Council
NQS	National Healthcare Quality Strategy
NRSC	National Road Safety Commission
NYA	National Youth Authority
Pharm C	Pharmacy Council
RMNCH	Reproductive Maternal, Newborn and Child Health
SARS	Severe Acute Respiratory Syndrome
SDGs	Sustainable Development Goals
TAMC	Traditional and Alternative Medicine Council
TB	Tuberculosis
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
WAHO	West African Health Organization
WB	World Bank
WC	Water Commission
WHO	World Health Organization

GLOSSARY

Access - The opportunity or ability to actually obtain the needed health services and benefit from financial risk protection.

Assistive device - Equipment that enables an individual who requires assistance to perform the daily activities essential to maintain health and autonomy and to live as full a life as possible.

Basic health service - A network of health units providing essential health care to a population.

Catastrophic health insurance - Health insurance which provides protection against the high cost of treating severe or lengthy illnesses or disabilities.

Community - A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, arranged in a social structure according to relationships which the community has developed over a period of time.

Diagnosis - The process of determining health status and the factors responsible for producing it. It may be applied to an individual, family, group or community.

Disability-Adjusted Life Expectancy – A modification of conventional life expectancy to account for time lived with disability. It is the number of healthy years of life that can be expected on average in a given population.

Disability-Adjusted Life Years (DALYs) - The number of healthy years of life lost due to premature death and disability friends; or transition and continuity from intensive care to palliative care.

Equity - The absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically.

Gatekeeper - A health professional, who may be a medical practitioner, nurse or other professional, who has the first encounter with an individual and controls the individual's entry into the health care system.

Geriatric care - Care of older persons that encompasses a wide range of treatments.

Health - A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health behaviour - any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health,

whether or not such behaviour is objectively effective towards that end.

Health care - Services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health.

Health-In-All Policy - is an approach on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being.

Health promotion - is the process of enabling people to increase control over, and to improve their health.

Infectious diseases - A disease caused by a living organism. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

Infrastructure - The systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community.

Intersectoral approach - An intersectoral approach is the alignment of strategies of intervention and resources between two or more governmental sectors, with a view to achieving complementary objectives involving different actors, both from governmental sectors and from nongovernmental and private entities.

Life-Course Approach in Health – This perspective views health as the product of risk behaviour, protective factors, and environmental agents that we encounter during our continuum of life that have cumulative impact on specific outcomes.

Lifestyle - The set of habits and customs that is influenced, modified, encouraged or constrained by the lifelong process of socialization. These habits and customs include the use of substances, such as alcohol, tea or coffee; dietary habits; and exercise.

One Health - One Health is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.

Palliative care - The active total care offered to a person and that person's family when it is recognized that the illness is no longer curable, in order to concentrate on the person's quality of life and the alleviation of distressing symptoms.

Patient-centred care - an approach to care that consciously adopts a patient's perspective.

Patients' rights - A set of rights, privileges, responsibilities and duties under which individuals seek and receive health care services.

Pluralistic system - A system that is based on incorporating divergent provider modalities

Preventive care - Care that has the aim of preventing disease or its consequences.

Primary Health Care - Is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Public Health - The approach to health that is concerned with the health of the community as a whole.

Quality of Life - The product of the interplay between social, health, economic and environmental conditions which affect human and social development.

Rehabilitation service - A service designed to improve function and/or prevent deterioration of functioning.

Social determinants of health - The circumstances in which people are born, grow up, live, work and age, and the wider set of forces and systems shaping the conditions of daily life.

Universal Health Coverage - Means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Well-being - A dynamic state of physical, mental and social wellness; a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses; a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self-responsibility.

1. INTRODUCTION

The health and well-being of the Ghanaian population has improved in the last three decades. In 1990, Ghanaians on average, when born, lived up to 57 years (life expectancy), out of every 1,000 women who were delivered 6 died (maternal mortality), of all babies born 9% died before age 1 (infant mortality) and 12% died before age 5 (under 5 mortality). By 2017, Ghanaians on average, when born, lived up to 64 years (life expectancy), out of every 1,000 women who were delivered 3 died (maternal mortality), of all babies born 4% died before age 1 (infant mortality) and 5% died before age 5 (under 5 mortality), (GSS, 2014 & 2017).

Overall, this improvement has been slow and far from the desired Global targets. The changes observed represent an average improvement of 50% as against the desired improvement of 75% in the above indicators (MDG, 2015).

Ghana has not achieved the desired level of health because we have not adequately addressed, in a comprehensive manner, all the key determinants of health. Historically, the major health problems affecting Ghanaians have been primarily communicable, maternal, perinatal and nutritional diseases. Ghana is now acknowledged as having a more complex burden of disease. This is evident across different age, gender, location, and socio-economic status groups in the country. For children, communicable diseases remain the major health conditions affecting them, with malaria prevailing. Maternal and neonatal health conditions remain a challenge, especially in rural areas and amongst poor women. NCDs such as hypertension, strokes, cancers, diabetes, eye disorders, oral health conditions; those of genetic origin such as sickle cell; injuries, substance/medicine abuse and related conditions are increasing in prevalence.

With an aging population, conditions such as musculoskeletal and neuro-degenerative disorders are increasing in prevalence. The burden of mental health is also rising, with an estimated prevalence for common mental health ailments (depression and anxiety) of 10%. 3% of the total Ghanaian population have some form of disability with visual or sight impairment being the most common. The above is further compounded by the complex interactions between conditions and the presence of co-morbidities (GSS, 2014).

This complex disease burden is influenced by risk factors such as the physical environment, education, socio-economic situation, population lifestyles and demographic characteristics of the Ghanaian population. These, in addition to the capacity of the healthcare delivery system to provide quality care, collectively determine the health and well-being of people living in Ghana (GBD, 2016).

In recognition of the complex nature of the disease pattern and the increasing influence of other health risk factors on population health and well-being, Ghana must, while strengthening the healthcare delivery system, simultaneously address the other determinants of health.

1.1 Scope of Policy

The policy, which is to ensure healthy lives for all people living in Ghana, recognizes the wider operational definition of health as being “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity” (WHO). It further recognizes all organizations, people and their actions which impact on the health of the population and not just those directly involved in the provision of healthcare services.

1.2 Policy Development and Review Process

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 day-to-day work was done by a Task Team within the Policy Coordination Unit of the MOH, as the Secretariat. A policy think tank was formed to provide technical support for the Task Team.

The National Health Policy was developed through an evidence-based and extensive participatory processes involving reviews of relevant documents, consultations and dialogue with stakeholders. These stakeholders included the Ministry of Health and its agencies and departments, related professional bodies and private health sector actors. Other sector Ministries, multilateral and bilateral development partners, private sector, patient groups, civil society and the National Development Planning Commission were all involved.

2. POLICY CONTEXT AND FRAMEWORK

This policy derives inspiration from the Directive Principles of State Policy in Article 34 (2) of the 1992 Constitution of the Republic of Ghana-which among others requires the state to ensure the realization of the right to good healthcare for people living in Ghana irrespective of colour, race, geographical location, religion and political affiliation. It is expected that all political actors shall be guided by the tenets of this policy and provide the needed leadership and support for its implementation.

It has also been inspired by the overall national medium-term policy development framework developed by the National Development Planning Commission (NDPC), as well as the Coordinated Programme of Economic and Social Development Policies (2017-2024).

The policy recognizes several global, regional and sub-regional compacts and policy frameworks. The following, among others, are mentioned here: the United Nations Sustainable Development Goals (SDGs) on the theme, “Transforming our World: the 2030 Agenda for Sustainable Development”, the International Health Regulations (IHR 2005), the Astana Declaration on Primary Health Care (PHC), the African Union (AU) Vision 2063: “The Africa We Want”, the ECOWAS Vision 2020, the African Health Strategy (2016-2030) and the Africa Health Transformation Agenda (2015-2020)

2.1 Vision

A healthy population for national development

2.2 Mission

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

2.3 Goal

To promote, restore and maintain good health for all people living in Ghana.

2.4 Guiding Principles

2.4.1 Multi-sectoral Collaboration

This policy recognizes that public policies and resulting actions of different sectors impact on health and population well-being. This policy shall ensure that all sector policies and actions support the achievement and maintenance of a healthy population.

2.4.2 Strategic Partnerships

This policy recognizes partnerships with non-state actors (CSOs, industry, development partners, FBOs, etc.) in all its forms towards delivering appropriate health and wellness interventions for the population.

2.4.3 Decentralization

The policy recognizes that implementation of Government policies and intervention is at the local government level. To this end, the implementation of the National Health Policy will focus on improved collaboration with, and increased ownership and commitment of the local government sector and sub-structures to ensure no one is left behind in the attainment of good health.

2.4.4 Equity

This policy recognizes that the disease burden and its impact on segments of the population is influenced by the national demographics, geographical distribution and the socio-economic status of the population. Interventions and resources required to meet these needs of the population where they are will necessarily be different. These needs shall be addressed in an equitable and not an equal manner.

2.4.5 Citizen's Involvement and Social Accountability

This policy recognizes that the primary responsibility for the health of the population lies in the population itself. The policy shall empower the population to participate in the design, planning and the execution interventions that improve their health status and receive feedback from respective duty bearers for their actions.

3. POLICY OBJECTIVES

This policy has 5 objectives, namely

- i. To strengthen the healthcare delivery system to be resilient
- ii. To encourage the adoption of healthy lifestyles
- iii. To improve the physical environment
- iv. To improve the socio-economic status of the population
- v. To ensure sustainable financing for health

These objectives shall collectively ensure that there will be improved alignment, complementarity and synergies within and across all public sector ministries as well as with other stakeholders, towards achieving the national health goal.

The policy shall therefore ensure that MDAs and other identifiable organizations work within the principles of the Health-in-All Policy and the One-Health Policy frameworks (WHO), to achieve the desired healthy life status of people living in Ghana.

3.1 Policy Objective 1: To strengthen the healthcare delivery system to be resilient

Ghana is committed to achieving **Universal Health Coverage** (UHC). UHC in Ghana mean ***all people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use.***

Access: Over the years there has been a progressive increase in the provision of infrastructure and equipment, as well as the design and delivery of services. Yet timely access to services remains inequitable with respect to healthcare facilities and package of services (preventive, promotive, curative, rehabilitative and palliative). Services are further not appropriately designed to account for populations with unique needs such as the disabled, aged, persons with genetic disorders, accident victims, people affected by natural and man-made disasters, adolescents, as well as services to address less prioritized conditions such as mental health. Furthermore, services continue to be delivered in a silo manner with little integration horizontally and vertically.

Services will be delivered, through an enhanced coordinated network of facilities (CHPS compounds, health centres and hospitals etc.), both public and private, that collectively provides the appropriate package of healthcare services (preventive, promotive, curative, rehabilitative and palliative using a life-course approach) to the population.

Quality: At all levels and for all services quality has been a challenge. The quality of healthcare services in Ghana has been described as “inadequate” by both objective and anecdotal assessments by providers and clients (NQS, 2016; MOH, 2017). There is unclear oversight and fragmentation in the quality approaches with limited impact

on patient experience and health outcomes. Several initiatives to improve the quality of care in the health system of the country has led to the development and launch of a 5-year National Healthcare Quality Strategy (2017-2021).

The policy thrust is to develop a robust and sustainable quality culture institutionalized in the healthcare delivery system with clear measurable standards in terms of safety, efficiency, effectiveness, timeliness, equity and patient-centredness.

Financial Risk: The cost of care is still considered to be out of the financial reach of the majority of the population thus posing financial risk to them. It is estimated that only 35% of the Ghanaian population has financial risk protection due to their active membership of the NHIS.

This policy will ensure the strengthening of the NHIS, as well as encourage the population to subscribe to the NHIS and other private insurance schemes where appropriate.

Emergency readiness and management: Experiences from the health system's management of the emergence of epidemics and pandemics such as, Severe Acute Respiratory Syndrome (SARS), Ebola, Lassa Fever, Coronavirus disease (COVID-19) and disaster situations with acute sudden increases in injury and loss of lives have raised questions about the health system's readiness and capacity to manage such and other emergency situations.

The policy will seek to strengthen surveillance and response systems to prevent, detect, investigate, protect against, control and provide a public health response to the spread of diseases resulting from epidemics and disasters. The system shall operate across all levels (community, district, metropolitan, regional and national) and recognize the animal-human interface as well (one-health).

This policy will seek to strengthen acute emergency care services involving pre-hospital (including ambulance services) and hospital emergency services required for disasters and situations with mass casualties.

The healthcare delivery system will be strengthened to achieve Universal Health Coverage meaning: all persons living in Ghana will have the opportunity to access quality healthcare services they require, wherever they are, with cost of care not being a barrier.

To achieve UHC and emergency preparedness the healthcare delivery system needs to be strengthened. The healthcare delivery system recognizes 11 areas requiring strengthening namely:

1. Service package
2. Human resource

3. Health technologies and infrastructure
4. Medicines
5. Health financing
6. Healthcare regulation
7. Health information management
8. Partnership for health
9. Community ownership and participation
10. Research
11. Leadership and governance

3.1.1 Strategy: Service Package

The healthcare delivery system has focused on preventive services (immunisation) and curative care (hospitals, polyclinics, clinic and CHPS compounds) with minimal attention given to the provision of health promotion, rehabilitative and palliative care services. The proportion of the population of Ghana aged 60 years and older is reported to have increased from 4.6 percent (1960) to 6.7 percent in (2010). This is likely to continue to increase as people continue to live longer. In spite of the increasing trend, the health system is not structured to meet the growing health needs of the aged. Geriatric healthcare delivery is almost non-existent and where available not fully integrated into the general healthcare system. The focus of service delivery, in general, has also not adequately addressed population cohort-specific disease conditions and the rising burden of NCDs.

Ghana has over the years, established discrete programmes such as Malaria, TB, HIV/AIDS, NTDs, RMNCAH, and NCDs. In response to specific health and disease problems. The challenge remains how to ensure that these programmes are fully integrated as a package and how to ensure their financial sustainability.

The design and delivery of healthcare services shall adopt a life course approach to make it increasingly and appropriately reflective of the complex nature of Ghana's disease burden and ensure the availability of equitable care for respective population cohorts.

Family and other traditional systems that offer care and support for the elderly will be encouraged and strengthened. The provisions of elderly-friendly health service centres, as well as special social protection and safety net programmes for them will be pursued.

The policy will create an enabling environment that supports and promotes the establishment of rehabilitation and palliative care services. In addition, the policy will ensure that challenges of access to care by persons with any form of disability, including discrimination and stigmatization, are removed.

3.1.2 Strategy: Ensure equitable access to the appropriate quality and quantity of health workers

Human resources for health (HRH) are increasingly recognized as crucial to the improved performance of the health system. The available trained (professional) health workforce is inadequate in number (quantity), inappropriate in mix (skills/competencies and quality) and inequitably distributed (coverage).

There shall be an adequate health workforce with the requisite knowledge, skills, competencies and attitude, who are equitably distributed, and motivated to provide the needed quality of healthcare in both public and private sectors as well as in rural and deprived areas. The operation of health training institutions will be streamlined and improved. There will be a conscious effort to recognize and support the training of specialist cadres of all categories of health professionals.

3.1.3 Strategy: Increase availability and use of appropriate health technology/infrastructure

There are inadequate health infrastructure in terms of health facilities and equipment availability. In addition, available facilities and equipment are often inefficiently and sub-optimally utilized. Existing technology, infrastructure and equipment have predominantly focused on supporting the provision of preventive and curative care with little emphasis on rehabilitative and palliative care services.

Government will focus on the modernization/re-tooling of existing facilities, rationalize the construction and siting of additional purpose-built facilities, promote the availability and use of high-quality assistive devices and technologies (including prostheses, orthoses etc.) at an affordable cost. Comprehensive Health Technology Assessments (HTA) will be institutionalized and inform the selection and procurement of all medical technologies required.

3.1.4 Strategy: Ensure the availability and appropriate use of quality medicines and medical products

There are substandard and falsified medicines and medical products that have infiltrated and are easily available in the Ghanaian market. These substandard and falsified medicines are in themselves dangerous, as well as lead to ineffective treatment, thus complicating and prolonging ill-health and disease. There is also the rampant abuse and misuse of medicines and medical products among the population. The misuse and abuse of antimicrobials especially, has led to very high levels of multiple drug resistance of common disease-causing microbes, some as high as 78.7% (AMR, 2017).

This policy, without prejudice to the various forms of medicines and medical products, used by different forms of medical practice (orthodox, alternative, traditional, etc.), will ensure that misuse and abuse is curtailed. In addition, the availability, affordability,

efficacy and overall quality of medicines and medical products for all recognized forms of medical practice, will be pursued. This will be done through strengthened regulation and the promotion of local production of these medicines and medical products as well as working within the One Health strategic framework to combat antimicrobial resistance.

3.1.5 Strategy: Increase efficiency, accountability and prudent use of financial resources

The health sector has recently seen increases in health revenue in absolute/nominal terms although it is losing ground as a percentage of GDP. The proportion of funding from public, private and international funds has reduced dramatically over the last five years and can generally be characterized as a shift from international funding of the health sector to Ghana public funding (HA Report, 2017).

There is a relatively low fiscal space affecting public revenue allocation to the health sector, declining development partner funding, inadequate innovative domestic resource mobilization, poor exemption-targeting mechanisms and unrealistic tariff regime.

The health sector is also facing challenges with efficiency in the allocation and use of public funds, general wastage, process and procedure infractions and Value-For-Money breaches. (Report of the Auditor-General, the Public Accounts of MDAs, 2016). There is therefore the need for innovative ways of domestic resource mobilization, ensuring accumulation, efficiency, equity and accountability in the allocation and use of funds.

Accountability for government and other sources of funds will be ensured in addition to the efficient allocation and utilization of such funds.

3.1.6 Strategy: Enhance the enforcement of healthcare regulation

The role of regulatory institutions in providing protection to the population's health is recognized. The health sector's capacity to develop appropriate legislation and to enforce it in the regulation of health professionals and their practice has been weak.

The existing health regulatory agencies (FDA, MDC, NMC, Pharm C, HeFRA, AHC, and TAMC etc.) and other institutions will be supported to fairly and objectively execute their mandates. For existing and new areas of practice and service (e.g. diagnostic imaging, organ transplant, surrogacy, stem cell banking etc.) where well-defined regulatory frameworks and bodies may not exist these shall be established.

3.1.7 Strategy: Enhance access to care and the timely use of accurate reliable data.

The availability of accurate, reliable data and information, in real time is key to the successful performance of any health system. Efforts have been made to use emergent information technology to increase access to care with some difficulty. Data available

in the health system is fragmented, unreliable and difficult to access in real time. Data from other sectors that influences health is not included in the current data sets. The availability of real time data and use of modern technology to address the information needs of health service delivery is a challenge. Legal and governance frameworks for reporting and data capturing are issues that need immediate attention.

The use of information technology to facilitate the collection, collation and use of comprehensive data sets, which are inclusive of private health sector and other sectors whose outputs impact on health will be pursued. The institutionalized use and expansion of electronic records and applications of digital health platforms (tele-consultation, tele-radiology, m-health, big data analytics, artificial intelligence etc.) will be supported.

3.1.8 Strategy: Establish mutually beneficial public-private partnerships

Healthcare delivery in Ghana is pluralistic in nature, with the presence of both public and private service providers. While the public sector provides primarily orthodox care the private sector comprises different types of healthcare models including orthodox, traditional and alternative medicine practitioners. The potential synergies that can be leveraged by this rich mix of providers has not been adequately leveraged to improve the health of the population as desired.

The healthcare delivery system, at all levels, will work in formal strategic partnerships with the local government systems as well as private sector stakeholders (CSOs, health and non-health industry players). Pluralism in service delivery will be encouraged and supported.

3.1.9 Strategy: Enhance community ownership and participation

Community participation is fundamental to the achievement of sustainable development, this is also true for sustainable population health. The involvement of communities in the design, planning and development of health interventions facilitates the achievement of high levels of commitment, ownership and empowerment of communities to champion interventions to improve their own health.

Communities and/or their representatives shall be empowered and actively sought to be involved and participate in the design and implementation of health interventions.

3.1.10 Strengthen research to inform policy and management decision making

Health research to provide evidence is paramount to the continuous learning and development of any health system. However, currently there is little focus on strengthening the research to evidence and practice framework in the health sector. Issues about research funding, integrated national research agenda and capacity are suboptimal. There is therefore the need to take research to evidence and policy critical for better health service delivery to the population.

The National Health Policy will therefore ensure the development of an integrated, functional and sustainable national health research agenda framework that provides evidence for policy options, new knowledge and technologies relevant to solving health and health development challenges of the country.

3.1.11 Strategy: Improve Leadership and Governance

The health system has a governance structure across national, regional, district and sub-district levels with the Ministry of Health (MOH) determining and shaping health policy in the areas of service delivery, regulation, resource mobilization and allocation. Governance approaches and capacity have not achieved the levels of effectiveness and efficiency desired. There is the need for commitment to collaborating with local governance structures to facilitate effective health service delivery and well-being of the population. There is non-alignment and minimal cooperation of the healthcare delivery system with the political administration at the local government level (M/DHMT). These foregoing factors are setbacks in the attempts to improving health outcomes of the local population in more efficient and cost-effective ways.

Appropriate legislation on governance will be developed and where appropriate existing ones revised to enable leadership to provide direction, be accountable, ensure compliance, partner with local government and be innovative towards providing quality, equitable and low financial risk services.

3.2 Policy Objective 2: Encourage the adoption of healthy lifestyle

Individual lifestyle behaviours such as diet and exercise; tobacco, alcohol and drug use; as well as sexual activity, among others, are noted to have a major impact on health. The impacts of these are seen more in the genesis of Non-Communicable Diseases in particular.

The population will be empowered and supported to proactively take measures to adopt healthy lifestyles.

3.2.1 Strategy: Promote Healthy Eating

Dietary changes in low-and middle-income countries from a more traditional to a westernized diet cannot be overemphasized. The type, quantity and frequency of which food is eaten directly affects the health of individuals. Food must be adequately available, and its security assured such that the right proportions of the different types of food are available and affordable to the population at all times.

A healthy food environment and improved nutritional knowledge that enable people to adopt and maintain healthy dietary practices throughout their lifespan will be promoted.

3.2.2 Strategy: Promote good Nutrition

The importance of food and good nutrition is widely recognized as essential for development and human health. All forms of malnutrition pose a heavy burden on the facets of human development including physiological, mental, cultural, social and economic as well as attainment of human potential. Investing in nutrition contributes to reducing healthcare cost and improving productivity, intellectual capacity and economic growth.

Promote the development of appropriate programmes for reducing the incidence and prevalence of nutritional disorders, intensify efforts to provide systematic education on food and nutrition to the population.

3.2.3 Strategy: Increase physical activity

The 2014 Ghana Report Card on Physical Activity for Children and Youth indicated that less than 40% of Ghanaian children and youth participated in any amount of physical activity. Another study revealed that only about 24.5% of the target population regularly exercised (Obiri korang et al., 2016). Being physically active is one of the most important steps that Ghanaians, of all ages, can take to improve their health and reduce the incidence of Non-Communicable Diseases. A good balance between rest, recreation and physical activity cannot be overemphasized. Researches have shown that sedentary behavior contributes to a host of chronic diseases.

The policy shall ensure that the individual is encouraged to enjoy and enjoys adequate rest, and shall support the development of recreational and physical activity facilities for regular use of the population towards the achievement of long-term individual and population health benefits.

3.2.4 Strategy: Reduce the use and mitigate the negative impacts of Substance Abuse

Ghana, like many other countries, is also facing a growing substance (tobacco, drug and alcohol) abuse problem mostly among the youth. Substance abuse impacts everyone's family and life at one time or another. It does not discriminate based on socioeconomic status, race or ethnicity. It is estimated that 23.3 % of persons aged 15 years and above take alcohol, with 2.1% of the population engaged in heavy drinking. Per capita consumption of beer is 30%; wine, 10%; spirits, 3%; and locally brewed 57%. It is also estimated that 10% of adults and 4% of junior high school students also smoke cigarettes with 9.7% males and 0.4% females smoking cigarette (GDHS, 2014).

The implementation of the provisions of existing legislation and International Conventions on narcotics, psychotropic substances and precursor chemicals will be ensured, through enforcement and control, education and preventive measures, as well as treatment and rehabilitation of persons suffering from drug addiction. (NACOB)

In addition, abstinence from alcohol or moderation in alcohol consumption will be encouraged and promoted through the strengthening of regulations on the production, marketing and sale of alcoholic beverages. (Alcohol Policy)

The Mental Health Act, 2012 (Act 846) has been enacted to raise the level of Mental Health Care, de-emphasize institutional care and protect the right of persons with mental disorders. Full implementation of the Mental Health Policy shall be supported.

3.2.5 Strategy: Encourage and promote safe and responsible sexual behaviour

Sexual and reproductive health affect and are affected by the broader context of personal lifestyle, the economic circumstances, education, employment, living conditions, family environment and gender relationship including the traditional and legal structures in which individuals live.

Unsafe sexual behaviours are common among the youth making them vulnerable to the risk of unplanned pregnancy or sexually transmitted infection including HIV. It is estimated that 14% of adolescents aged 15-19 are already mothers or pregnant with their first child and the direct and indirect cost of HIV on the lives of individuals and the population is significant.

The population shall be empowered to make informed choices towards the adoption of sexual activities and behaviours that do not lead to ill-health and disease. There will be the provision of high-quality services for family planning, including infertility services and aggressively fight sexually transmitted infections including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities. There will also be advocacy and facilitation of the integration of sexuality education in the school curriculum.

3.3 Policy Objective 3: To improve the physical environment

The physical environment, in particular water, sanitation and hygiene; air, noise and hazardous waste pollution; housing and human settlements; and the safety of our transport systems are acknowledged to impact the health of the Ghanaian population. The capacity to address and mitigate the negative impact of these on health lies within the mandates and jurisdiction of other sector Ministries. Though these other sectors appreciate the need for collaboration and integrated planning with the Ministry of Health, towards improved population health, this has not been effectively achieved to leverage the potential of the synergies amongst these sectors. This policy recognizes that effective inter-sectoral collaboration is critical in achieving our national health aspirations.

3.3.1 Strategy: Improve access to potable water, sanitation and hygiene

Consumption pattern and activities due to economic growth puts pressure on the assimilative capacity of the environment. This leads to pollution and higher costs in

providing potable water, sanitation and hygiene negatively impacting access to them by the population. A decline in access to potable water, sanitation and hygiene has negative consequences on population health.

According to the 2017/2018 MICS, 79% of households in Ghana had access to basic drinking water, 7% had access to limited water, 5% to unimproved and 9% surface water. For basic sanitation, 21% had access to basic sanitation, 45% to limited, 13% to unimproved and 22% engaged in open defecation. Availability of basic hygiene facilities nationwide was 48%, 24% for limited service and 28 % had no hygiene facilities at all. The WASH situation was worse in rural areas than urban areas.

The policy will ensure that the population shall have access to potable water, improved sanitation and hygiene facilities.

3.3.2 Strategy: Reduce the harmful effect of Air, noise and hazardous substances

The health impact of air quality, noise and hazardous substances has a great effect on health and well-being of the citizenry.

The population shall have access to clean air and a reduction in exposure to harmful noise levels as well as hazardous substances in the environment.

3.3.3 Strategy: Improve Human Settlements and Housing

More than half of the population lives in urban areas, the percentage of the urban population has increased from about 23 percent (1960) to 50.9 percent (2010). Rapid urbanization has contributed to worsening housing situation especially in the urban areas with overstretched social amenities resulting in soaring rents, overcrowding, and building of unauthorized structures and slums.

Human settlement and housing will be designed to promote sustainable spatial integration, balanced and orderly development so as to safeguard the natural environment and ensure that it protects the population from all potential hazards prevailing in the local environment (physical and social).

3.3.4 Strategy: Ensure a safer Transportation system

The transportation system in Ghana comprises land, air and sea with land relatively more developed. A safer transportation system is paramount to the health and wellbeing of the population. It is increasingly becoming topical with recorded cases of accidents leading to loss of lives and life changing injuries.

Over 90% of the world's fatalities on the road occur in low and middle-income countries including Ghana (Global Status Report on Road Safety). According to estimates in 2013, the number of road traffic deaths in Ghana stood at 6,789 (5,877 – 7,011). (WHO Global Health Observatory Data Repository) The estimated road traffic death rate (per

100,000 population) in 2013 was also pegged at 26.2. Reports also indicate that Ghana loses about 1.6% of GDP annually in resolving incidences of road traffic accidents such as medical expenses of victims, damage to vehicles and insurance cost, property damage and loss of productive hours among others (Mends-Brew et al., 2018).

The transportation system in Ghana shall be made safer by providing a modern, integrated and well-maintained transportation infrastructure (for land, air and sea) as well as ensuring an enhanced technical capacity and competence of users.

3.4 Policy Objective 4: Improve the socio-economic status of the population

The manifestos of all political parties, over the years, have consistently reflected cross-cutting national health aspirations aimed at improving the health and quality of life of everyone living in Ghana. The objective of Government's social development policies and programmes is to achieve a fair and inclusive society. There has always been strong commitment and political will, at all levels, towards improving the health of people living in Ghana.

Internal population movements are influenced by the desire to better one's socio-economic status, natural disasters, and violent disputes amongst others. The hope of getting employment and a better life elsewhere, fleeing from internal conflicts among others continue to fuel recent rural-urban migration especially among the youth.

This policy recognizes education, employment, family and social support and community security as important socio-economic determinants of the health of people living in Ghana. To achieve this objective the following strategies shall be pursued:

3.4.1 Strategy: Develop population capacity to be economically productive

A people with the appropriate knowledge, skills and competencies are able to engage in productive economic activities to cater for their health and other needs. Evidence from the GLSS 6 shows that about 77% of the youth had basic education qualifications or less, coupled with challenges in the economy; it is difficult for them to compete for the few decent jobs available.

An all-inclusive and equitable educational system that produces well-balanced individuals with the requisite knowledge, skills, values, aptitudes and attitudes to become functional, productive and healthy citizens will be pursued.

3.4.2 Strategy: Increase the Employment Status of the Population

Employment and working conditions have powerful effects on health equity. Employees either on their own or with support from their employers are able to access care and improve their standard of living. Workplaces provide a perfect environment to influence employees' health. Employment growth has generally been slower than overall

economic growth, raising concerns about the quality of Ghana's economic growth (CPESDP 2017-2024). The hope of getting employment and a better life elsewhere, fleeing from internal conflicts among others continue to fuel rural-urban migration especially among the youth, in search of better jobs and livelihoods. It is therefore imperative for government to work at improving the macroeconomic environment, since it has direct relationship on employment prospects and standard of living of the population.

The policy shall promote the creation of decent jobs and occupational health and safety for all workers.

The policy shall ensure the creation of an enabling environment for the establishment of industries in the rural areas to provide employment.

It shall also promote equity in allocation of social amenities in deprived areas; promote conflict prevention and non-violent disputes settlement within the national fabric.

3.4.3 Strategy: Strengthen family and social support systems

Due to poverty and lack of opportunities in the rural areas, child trafficking to the urban centres to engage in exploitative labour has also become rampant. About 23.4% of children aged 5–14 years engaged in some form of economic activities, and were mainly involved in mining and quarrying, apprenticeships and domestic helps (GLSS-2013). Domestic violence is also becoming an issue with DOVVSU reporting 23.4% of such cases in 2013. There is therefore the need to forestall these phenomena in our national fabric.

The policy will ensure the development of socially supportive and integrated societies that offer equal opportunity for both men and women, safeguard the rights of children, and empower the vulnerable, including the aged and persons with disabilities and special needs.

3.4.4 Strategy: Improve community security

Security within our communities is in recent times becoming an issue. Cases of kidnapping, assassinations, burglary, thuggery and communal violence are well documented. A decade aggregate (2000–2010) report of crime cases recorded for Accra alone were: murder (5,313), assault (972,222), armed robbery (12,069), theft (801,483) and Narcotics (5,481) (Owusu et al., 2016). There is the need to make our communities safer for a balanced health and well-being of the population.

Communities will be assured of a safe and secure environment, where socioeconomic activities will thrive within the confines of the law.

3.5 Policy Objective 5: Ensure sustainable financing for health

This policy makes a fundamental paradigm shift by recognizing that financing for health encompasses the traditional funding of the healthcare delivery system and its interventions as well as financing of interventions in other sectors whose primary intent is improving the health of the population.

As an LMIC, Official Development Assistance (ODA) to Ghana's health sector is projected to dwindle to health as well as other sectors of the economy (World Bank, 2018). The "Ghana Beyond Aid" policy statement further introduces a shift in national development financing from reliance on external aid to local resources. Ghana, however, has not been able to mobilize adequate domestic resources for health services delivery. There is therefore the need to explore sustainable innovative ways of financing health in Ghana.

The policy recognizes that adequate financial support will be required for the implementation of the respective sectoral plans and budgets. Respective sectoral plans and budgets, in support of the health policy, shall be made in line with the National Budgeting and Planning cycle of the government.

3.5.1 Strategy: Increase domestic resource mobilization (DRM) and accountability

Enhancing domestic resource mobilization and the efficient use of funds is an essential mechanism for ensuring that adequate financial resources are available to support the implementation of required interventions. This is paramount within the context of LMIC status, "Ghana Beyond Aid" policy, and the complex epidemiological transition of Ghana. There is therefore the need to develop and institutionalize a functional DRM mechanism towards the health and well-being of the population.

The policy will pursue sustainable innovative domestic resource mobilization, prudent investment planning and management, and efficient allocation of the available resources shall be a key priority.

Where possible bilateral and multilateral funding will be secured to complement gaps in DRM.

Where feasible, agencies of the MoH will be supported to be financially self-sustaining. Accountability for government and the need for reprioritization of budget allocations within the health sector should be considered.

4. POLICY IMPLEMENTATION ARRANGEMENTS AND PLAN

4.1 High Level Inter-Ministerial Committee (HLIMC)

The existing High Level Inter-Ministerial Committee (HLIMC) shall have oversight of the implementation of this policy.

4.1.1 Policy Implementation Working Committee (PIWC)

The implementation arrangement for the National Health Policy is designed to ensure that there is effective coordination, collaboration and harmonization of the various stakeholders in a functional nationally integrated manner. The implementation arrangement shall seek in addition to reduce duplication, avoid role ambiguities and improve the overall efficiency in the implementation of the policy. The committee shall among others be responsible for ensuring the following activities with respect to this policy:

1. Determination of policy targets for the 4-year period
2. Preparation of multi-sector policy implementation plans and budgets
3. Preparation of sectoral policy implementation plans and budget
4. Execution of multi-sector and sector plans
5. Biannual stakeholder forum on performance achieved on execution of policy implementation plan
6. External evaluation (3 years) of execution of policy implementation plans
7. Stakeholder review of policy targets (3-and-a half years)
8. Review and preparation of new policy targets and implementation plan

4.1.2 Sector Health Policy Focal Persons (Inter sectoral Collaboration Desks)

There shall be in each sector an NHP Focal person whose role will be to coordinate that sector's responsibilities per the policy. The focal person preferably shall be a senior member (Director) and/or a management member.

4.2 Policy implementors' roles and responsibilities

4.2.1 Ministry of Health

It has been noted that most Ministries neither see health as part of their core business nor consider themselves programmatically accountable to the MoH on health-related interventions. The policy places responsibility on identified sector Ministries to own and drive the execution of this policy, within their respective areas of competencies and mandates. Ministries, in the context of this policy, include their respective departments and agencies. Some MMDAs, on account of their mandate and jurisdiction, will, in addition, be responsible for nationwide intervention design and implementation.

The implementation of the NHP shall be a collective action by all stakeholders led by the MoH. The Minister with the support of the HLIMC shall establish mechanisms that ensure the effective supervision and monitoring of the implementation of the policy.

4.3 Roles and Responsibilities of MDAs

OBJECTIVES	STRATEGY	LEAD MINISTRY	MDAs
Strengthen the healthcare delivery system to be resilient	Ensure availability of appropriate service package	MOH	GHS, CHAG, FBOs, Private Health Facilities, NGOs in Health, Health Regulatory Agencies, Health Training institutions
	Ensure equitable access to the appropriate quality and quantity of health workers		
	Increase availability and use of appropriate health technology/infrastructure		
	Ensure the availability of quality medicines and medical products		
	Increase Efficiency, accountability and prudent use of financial resources		
	Ensure the enforcement of healthcare regulation		
	Enhance access to care and the timely and timely use of accurate reliable data.		
	Strengthen research to inform policy and management decision making		
	Establish beneficial public/public and public/private partnerships		
	Enhance community ownership and participation		
Improve leadership and governance			
Encourage the adoption of healthy lifestyles	Promote healthy eating	Min. of Agric & MTI, MYS, Min. of Interior, Min. of Tourism, MoH, MLGRD,	NACOB/FDA, GTB, GAC, NPC, NYA, GHS, GPLGS
	Promote good nutrition		
	Increase physical activity		
	Reduce the use and mitigate the negative impact of substance abuse		
	Encourage and promote safe and responsible sexual behaviour		
Improve the physical environment	Improve access to potable water, sanitation and hygiene	MSWR, MLGRD, MESTI, Min. of Housing, MRT, MoT, MoI,	CWS, WC, EPA, State Housing Co., NRSC, DISP, RSCCG, NGOs in WASH
	Reduce harmful effect of air, noise and hazardous substances		
	Improve human settlements and housing		
	Ensure a safer transportation system		

OBJECTIVES	STRATEGY	LEAD MINISTRY	MDAs
Improve the socio-economic status of the population	Develop population capacity to be economically productivity	Min. of Educ, MELR,	GES, GPS, Fair Wages Commission, NDPC, GPS,LGS,
	Increase the employment status of the population	MCRA, MLGRD,	
	Strengthen family and social support systems	Min. of Interior, MoF, MoTI,	
	Improve community security	MoI, MLNR	
Ensure sustainable financing for health	Increase domestic resource mobilization (DRM) and accountability	MoF, MoH, MoTI, MoT	AGI,

4.4 Roles of Local Non-Governmental, Civil Society and Faith-Based Organizations

Government welcomes and will partner with all local non-governmental, civil society and faith-based organizations (NGOs/CSOs/FBOs) interested in and committed to supporting the achievement of the policy goal and objectives. NGO/CSO/FBO programmes and interventions should be informed by and directly supportive of the policy objectives and outcomes. NGOs/CSOs/FBOs should identify a Lead Ministry (LM) responsible for their areas of interest and partner with them. These partnerships should be facilitated by the MoH to ensure a fair and equitable spread of partnerships with government.

4.4.1 Roles of Development Partners

Government welcomes and will partner with all development partners interested in and committed to supporting the achievement of the policy goal and objectives. Programmes and interventions of development partners should be informed by and directly supportive of the policy objectives and outcomes. The development partners should identify an LM responsible for their areas of interest and partner with them. These partnerships should be facilitated by the MoH to ensure a fair and equitable spread of partnerships with government.

4.4.2 Preparation of Stakeholder Operational Strategic Plans

Under the ambit of the NDPC, all implementing stakeholders are expected to prepare an integrated operational strategic plan. These plans must be informed by the policy goal, objectives and outcomes. The activities of the respective operational strategic plans should reflect the mandates, functions and jurisdiction of the implementing stakeholders as applicable to supporting the execution of respective policy objectives.

This is intended to ensure that stakeholder plans are reflective of the policy guiding principles and in alignment with the policy objectives and outcomes. It is also to reduce the potential for duplication of interventions (in terms of actual activities planned, target groups and geographical location) amongst stakeholders.

4.5 Communication and Policy Dissemination Plan

Health communication will form a major component of the National Health Policy implementation and it will serve as a major driver to motivate and inspire all implementing institutions as well as the population towards the achievement of the health goal through a sustained action aimed at ensuring that all key stakeholders and partners understand the tenets of the document as well as have a buy-in. It will further create awareness, empower the population as well as generate population interest about the paradigm shift brought about by the new National Health Policy.

The communication plan will be activated within the existing national structures of mass communication. The Ministry of Information, the NCCE and the Information Services Department will lead with content support from the MoH. All MDAs and MMDAs as well as other stakeholders shall be properly oriented on the policy and adopt the concept of Health-in-All Policies (HiAP) and One Health in their annual planning and budgeting and continuous national discourse.

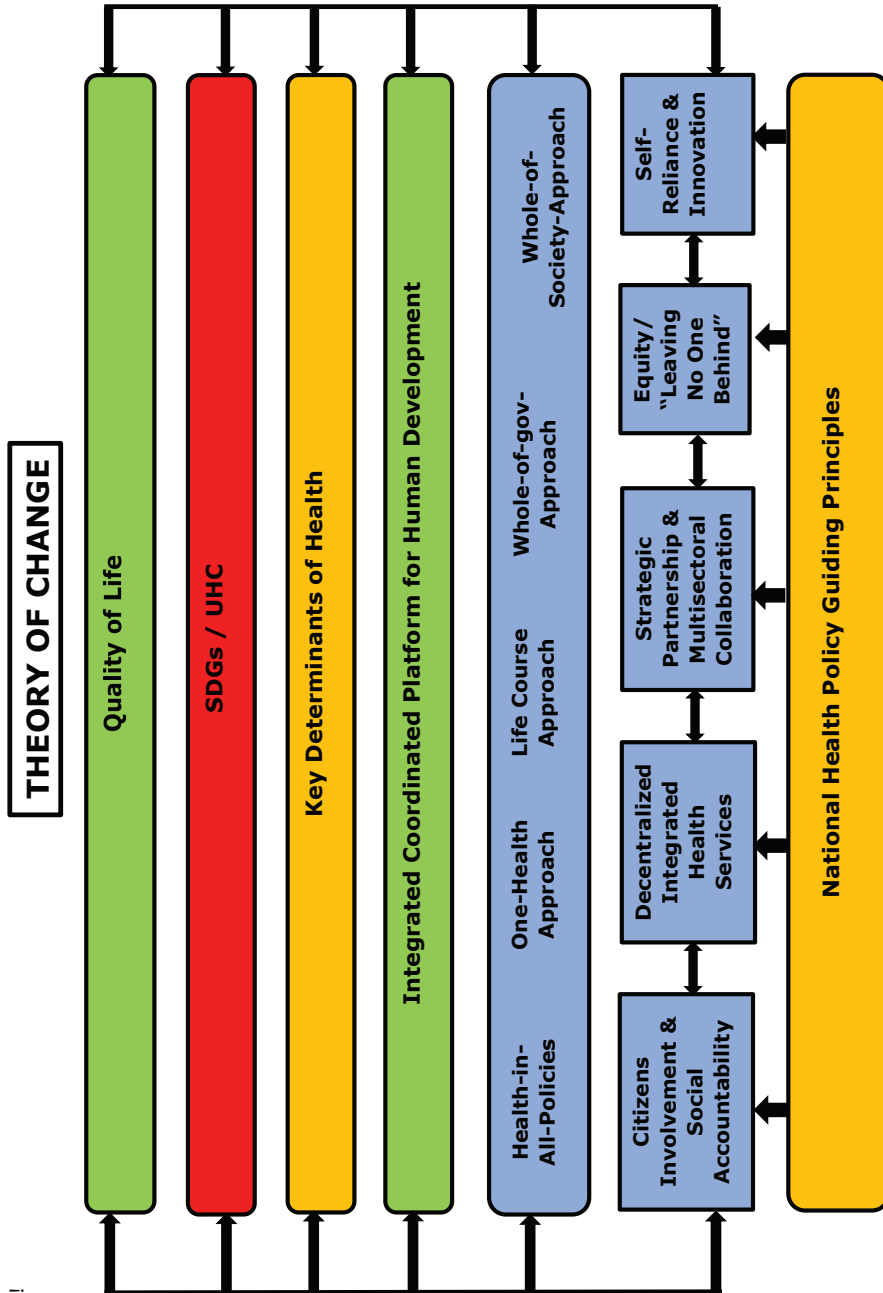
4.6 Monitoring and Evaluation

Monitoring of the progress and achievement of the health outcomes will be routine and continuous (quarterly, half-yearly and annual). The agreed set of indicators and reporting formats shall be spelt out in the implementation framework. Monitoring will be the direct responsibility of the Ministry of Health and the HLIMC Team. While the Ministry of Health will have ultimate responsibility for ensuring the implementation of this policy, each implementing institution shall clearly have defined roles in line with their mandates as indicated in the indicator framework. Periods of monitoring & evaluation shall be ex-ante, mid-term evaluation and ex-post.

APPENDIX 1: CONCEPTUAL FRAMEWORK

IMPACT	A healthy population for national development				
DESIRED OUTCOMES	<ul style="list-style-type: none"> • Life expectancy 64 to 75 • Maternal mortality 310/100,000 to 70/100,000 • Infant mortality 50 to 12/1000 • Under-5 mortality 35/1000 to 25/1000 • Neonatal deaths to at least as low as 12 per 1000 live births • Adolescent birth rates 44/1000 girls aged 15–19 years) • Mortality due to unsafe water, sanitation and hygiene • Mortality due to air pollution (household and ambient) • Ratio of premature mortality from non-communicable diseases including mental health 				
POLICY OBJECTIVES	Strengthen the healthcare delivery system to be resilient	Encourage the adoption of healthy lifestyle	Improve the physical environment	Improve the socio-economic status of the population	Financing for health
GUIDING PRINCIPLES	Multisectoral Collaboration	Strategic Partnerships	Decentralization	Equity	Citizen's Involvement and Social Accountability

APPENDIX 2: THEORY OF CHANGE



APPENDIX 3: NATIONAL HEALTH POLICY ACTION FRAMEWORK

NATIONAL HEALTH POLICY ACTION FRAMEWORK							Results Framework		
Policy Framework							Impact Indicators		
Vision	A healthy population for national development								
Mission	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								
Goal	To promote, restore and maintain good health for all people living in Ghana								
Objectives	Strategies	Dimensions of Health Stakeholder mapping						Outcome Indicators	
		Promotion	Prevention	Curative	Rehab	Palliative	Emergency	Mental Health	
		LCA	LCA	LCA	LCA	LCA	LCA	LCA	
To strengthen the healthcare delivery system to be resilient	1. Service Package								
	2. Ensure equitable access to the appropriate quality and quantity of health workers								
	3. Increase availability and use of appropriate health technology/ infrastructure								
	4. Ensure the availability and appropriate use of quality medicines and medical products								
	5. Increase efficiency, accountability and prudent use of financial resources								
	6. Enhance the enforcement of healthcare regulation								
	7. Enhance access to care and the timely use of accurate reliable data.								
	8. Establish mutually beneficial public-private partnerships								
	9. Enhance community ownership and participation								
	10. Strengthen research to inform policy and management decision making								
To encourage the adoption of healthy lifestyles	11. Improve Leadership and Governance								
	1. Promote Healthy Eating								
	2. Promote good Nutrition								
To improve the physical environment	3. Increase physical activity								
	4. Reduce the use and mitigate the negative impacts of Substance Abuse								
	5. Encourage and promote safe and responsible sexual behaviour								
	1. Improve access to potable water, sanitation and hygiene								
	2. Reduce the harmful effect of Air, noise and hazardous substances								
To improve the socio-economic status of the population	3. Improve Human Settlements and Housing								
	4. Ensure a safer Transportation system								
	1. Develop population capacity to be economically productive								
To ensure sustainable financing for health	2. Increase the Employment Status of the Population								
	3. Strengthen family and social support systems								
	4. Improve community security								
	1. Increase domestic resource mobilization (DRM) and accountability								

APPENDIX 4: LIST OF SUPPORTING INDIVIDUALS AND INSTITUTIONS

S/N	NAME	DESIGNATION/ INSTITUTIONS
1	Hon. Kwaku Agyeman-Manu	Hon. Minister of Health
2	Hon. Tina Mensah	Hon. Dep. Minister
3	Hon. Kingsley Aboagye-Gyedu	Hon. Dep. Minister
4	Hon. Alexander K. Abban	Hon. Dep. Minister
5	Nana Kwabena Adjei-Mensah	Chief Director, MoH
6	Dr. Baffuor Awuah	Ministry of Health
7	Mrs. Martha Gyansa-Lutterodt (Dr)	Ministry of Health
8	Mr. Hamidu Adakurugu	Ministry of Health
9	Mr. Walter Kwao-Anati	Ministry of Health
10	Dr. Reginald Odai	Ministry of Health
11	Dr. Anastasia Yirenkyi	Ministry of Health
12	Mrs. Joycelyn Azeez	Ministry of Health
13	Mr. Edward Fiawoyife	Ministry of Health
14	Mr. Daniel Degbotse	Ministry of Health
15	Dr. Maureen Martey	Ministry of Health
16	Alhaji Inua Yusuf	Ministry of Health
17	Dr. Ernest Konadu Asiedu	Ministry of Health
18	Ms. Motoko Seko	MoH/JICA UHC Advisor
19	Mr. Kwakye Kontor	Ministry of Health
20	Mr. Nicholas Gyabaah	Ministry of Health
TASK TEAM		
21	Mr. Benjamin Nyakutsey	Ministry of Health
22	Mr. Joseph Dodoo	Ministry of Health
23	Dr. Barnabas Yeboah	Ministry of Health
24	Ms. Rahilu Haruna	Ministry of Health
25	Ms. Thelma Jakalia	Ministry of Health
26	Mr. Mark Atuahene	Ministry of Health
27	Mr. Lucas Annan	Ministry of Health
28	Mr. Alex Moffat	Ministry of Health
29	Mr. Daniel Gyan	Ministry of Health
30	Mr. Mark Bigool	Ministry of Health
31	Ms. Kafui Dansu	Ministry of Health

S/N	NAME	DESIGNATION/ INSTITUTIONS
32	Ms. Zuleiha Mohammed	Ministry of Health
33	Ms. Lovette Yorke	Ministry of Health
34	Dr. Elorm Hilary Otchi	Korle-bu Teaching Hospital
35	Mr. Joseph Kofi Adusei	Ministry of Health
POLICY THINK TANKS		
36	Dr. Nii Ayite Coleman	Ministry of Health
37	Dr. Anarfi Asamoah Baah	Former Dep. Dir. General, WHO
38	Dr. Gilbert Buckle	Public Health Physician Specialist
39	Dr. Emmanuel Odame Ankrah	Ministry of Health
40	Dr. Nana Enyimayew	Ghana College of Physicians & Surgeons
41	Mr. William Frimpong-Bonsu	Private Consultant
42	Dr. Ebenezer Appiah Denkyira	Former Director General, GHS
43	Prof. Irene Agyepong	Dodowa Health Research Centre
44	Dr. Moses Adibo	Private Consultant
45	Prof. Agyeman Badu Akosa	Ghana Standards Authority
46	Prof. Jacob Plange Rhule	Ghana College of Physicians & Surgeons
47	Mrs. Mary Mpereh	National Development Planning Commission
48	Dr. Kobina Bainsan	DFID
AGENCY/ INDIVIDUAL		
49	Dr. Patrick Aboagye	Dir. General, Ghana Health Service
50	Dr. Koku Awoonor Williams	Ghana Health Service
51	Mr. Charles Acquah	Ghana Health Service
52	Mr. Justice Ofori Amoah	Ghana Health Service
53	Dr. Andrews Ayim	Ghana Health Service
54	Dr. Daniel Asare	CEO, Korle-Bu Teaching Hospital
55	Dr. Akwasi Osei	Mental Health Authority
56	Mr. Franklin Sarfo	Mental Health Authority
57	Mr. Jones Ofofu	Food and Drugs Authority
58	Dr. James Duah	Christian Health Association of Ghana
59	Mr. Kojo Ben Taylor	SANFORD
60	Prof. Kwabena Nsiah	Kwame Nkrumah University of Science and Technology
61	Dr. Joseph Amuzu	Private Consultant
62	Dr. Andah Nacauley	National Ambulance Service
63	Dr. Abena Tannor	Komfo Anokye Teaching Hospital
64	Mr. Henry K. N. Larbi	Health Training Institution, Nsawam

S/N	NAME	DESIGNATION/ INSTITUTIONS
65	Mrs.Suzzy Abaidoo	Ministry of Water and Sanitation
66	Mr. Kweku Quansah	Ministry of Water and Sanitation
67	Mr. Nasir Salifu	Ministry of Environment, Science, Technology and Innovation
68	Mr. Ebenezer Agyera Mensah	Ministry of Monitoring and Evaluation
69	Mr. Ebenezer Addo	Min. of Chieftaincy & Religious Affairs
70	Mr. Horen K. K. Quashigah	Min. of Employment and Labour Relations
71	Mr. Solomon Mensah	Min. of Youth and Sports
72	Mr. Opoku Michael Akurang	Ministry of Trade and Industry
73	Mr. Sylvanus Adzornu	Min. of Local Government and Rural Development
74	Mr. Eli Kuadey	Min. of Local Government and Rural Development
75	Dr. Lilian Selenje	UNICEF
76	Dr. Peter Baffoe	UNICEF
77	Nikki Kalra	IHME, University of Washington
78	Dr. William Bosu	West African Health Organisation
79	Dr. Owen Laws Kaluwa	WHO
80	Mr. James Avoka Asamani	WHO
81	Mrs. Edith Annan Andrews	WHO
82	Rebecca Fertziger	USAID
S/N MINISTRY OF HEALTH AGENCIES		
1	Nursing and Midwifery Council	11 Medical and Dental Council
2	Christian Health Association of Ghana	12 Pharmacy Council
3	Centre for Plant Medicine Research	13 National Ambulance Service
4	Ghana College of Pharmacists	14 Korle-Bu Teaching Hospital
5	Cape Coast Teaching Hospital	15 National Health Insurance Authority
6	National Blood Service	16 Tamale Teaching Hospital
7	Ghana Psychology Council	17 Komfo-Anokye Teaching Hospital
8	Ghana College of Physicians and Surgeons	18 Allied Health Professional Council
9	Ghana Health Service	19 Ghana College of Nursing and Midwifery
10	Health Facilities Regulatory Agency	20 Traditional Medicines Practice Council

S/N MINISTRIES			
1	Ministry of Sanitation and Water Resources	11	Ministry of Women Gender and Social Protection
2	Ministry of Environment, Science, Technology and Innovation	12	Ministry of Agriculture
3	Ministry of Monitoring and Evaluation	13	Ministry of Interior
4	Ministry of Chieftaincy & Religious Affairs	14	Ministry of Communication
5	Ministry of Employment and Labour Relations	15	Ministry of Education
6	Ministry of Youth and Sports	16	Ministry of Interior
7	Ministry of Trade and Industry	17	Ministry of Information
8	Min. of Local Government and Rural Development	18	Ministry Transport
9	Ministry of Foreign Affairs and Regional Integration	19	Ministry of Roads and Highways
10	Ministry of Finance	20	National Population Council
DEVELOPMENT PARTNERS			
21	United Nation Children’s Fund (UNICEF)	28	Korea Foundation for International Healthcare (KOFIH)
22	West African Health Organisation	29	Korea International Cooperation Agency (KOICA)
23	The United States Agency for International Development (USAID)	30	Department for International Development (DFID)
24	European Union (EU)	31	African Development Bank
25	Japan International Cooperation Agency	32	World Bank
26	United Nations Fund for Population Activities	33	World Health Organisation (WHO)
27	World Food Programme		



MINISTRY OF HEALTH
REPUBLIC OF GHANA