



2023
ANNUAL
REPORT

WHO Ghana



**World Health
Organization**

Ghana

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ANNUAL
REPORT

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FOREWORD

2023 was a momentous year for WHO and global health as we launched a year-long celebration of the 75th anniversary of the creation of WHO. In Ghana, we were honoured to have partners and the general public join us for the launch and subsequent activities such as health walks and XSpace conversations on key health issues. Under the leadership of the Ministry of Health, anniversary activities were used to showcase the impact of WHO on Ghana's health sector.

In 2023, WHO Ghana also continued to focus on its three strategic priorities, which provided support to Ghana's Health Sector Medium Term Development Plans and other frameworks including the United Nations Sustainable Development Cooperation Framework (UNSDCF). The priorities included Strengthening health system based on Primary Health Care towards Universal Health Coverage; Health Emergencies preparedness and response; and addressing social, economic, and environmental determinants of health.

Within the year, WHO provided strategic leadership, financial and technical support, while brokering and coordinating successful health interventions in the country. In collaboration with our partners and allies, we were able to achieve significant milestones through our programs and interventions. These included the enrichment of critical national health database through surveys (e.g. Ghana Demographic Health Survey 2023 and Harmonized Health Facility Assessment 2023), development/revisions and updates of various strategies and plans to inform policy interventions (e.g. National Blood Service strategy 2023-2027, National Healthcare Quality Strategy, the National Patient strategy, and Annual Operational Plan for the National Action Plan for Health Security (NAPHS etc.) and improved access to quality healthcare and immunization. Additionally, WHO contributed to strengthening national capacity and coordination mechanisms in Communicable, Non-Communicable Diseases, Neglected Tropical Diseases and Mental Health.

WHO supported Ghana to successfully prepare and respond to various outbreaks during the year, including meningitis, Lassa Fever, Anthrax. WHO also provided emergency response to communities affected by the flooding in the Volta Region.

On health promotion, WHO supported Ghana Food and Drugs Authority to conduct market activation in five regions to ensure healthier markets for food safety. WHO provided technical and financial support for revising the Essential Nutrition Package, aligning to the global standards and norms. With the financial support from the UK-FCDO, WHO worked with the Government of Ghana through the Ministry of Health and line agencies to harmonize climate change vulnerability and adaptation assessments.

Under the leadership of WHO, 2023 saw an increase in long-lasting and strategic synergies, external relations, coordination, and stronger collaboration among the health development partners. The resource mobilization efforts at the country level led to an increase in in-country institutional funding by USD 1.9 million. WHO Ghana also expanded the partnerships and collaboration with public, private, civil society, and other non-state actors in line with the WHO Framework of Engagement with Non-State Actors. WHO will continue to work with non-state actors closely across the key programs of work.

I wish to thank all WHO staff and our partners without whom these achievements would not have been met. Thank you for your dedication and commitment towards ensuring the achievement of WHO goals and priorities effectively and efficiently towards improving the health of the Ghanaian people. The country office will continue to work with the same spirit and enthusiasm in the year 2024 and beyond.

Dr Frank Lule
Officer-In-Charge, WHO Ghana

LIST OF ACRONYMS

AMR	-	Antimicrobial Resistance
ARCC	-	Africa Regional Certification Commission
DFC	-	Direct Financial Cooperation
DHIMS	-	District Health Information Management Systems
EPI	-	Expanded Programme on Immunization
FCDO	-	Foreign Commonwealth Development Office
GHS	-	Ghana Health Service
GLASS	-	Global Antimicrobial use and Resistance Surveillance System
GSHS	-	Ghana School Health Survey
HFS	-	Health Financing Strategy
HLMA	-	Health Sector Workforce Labour Market Analysis
HWT	-	Household Water Treatment
iAHO	-	Integration of African Health Observatory
IPC	-	Infection Prevention And Control
ISD	-	International Strategic Dialogue
MDG-F	-	Millennium Development Goals Fund
mhGAP	-	mental health Gap Action Programme
MOH	-	Ministry of Health
NCD	-	Non-Communicable Diseases
Norad	-	Norwegian Agency for Development Cooperation
OPD	-	Outpatient Department
PHC	-	Primary Health Care
SBCC	-	Social and Behavioral Change Communication
SDG-F	-	Sustainable Development Goals Fund
SDGs	-	Sustainable Development Goals
SIMH	-	Special Initiative for Mental Health
UHC	-	Universal Health Coverage
UNGA	-	United Nations General Assembly
UN-MPTF	-	United Nations Multi-Partner Trust Fund
WHO AFRO	-	World Health Organization Regional Office for Africa
WHO	-	World Health Organization

EXECUTIVE SUMMARY

WHO Ghana collaborated with the Ministry of Health, Ghana Health Service, allied institutions, partners, and other stakeholders to deliver various interventions in support of the Government of Ghana's health sector agenda in 2023. These interventions were delivered through our five pillars namely (i) Communicable Diseases and Non-Communicable Diseases (NCDs), (ii) Life Course (iii), Emergency Preparedness and Response (iv) Healthier Population and (v) Corporate Services and Enabling Functions.

Several achievements were made in these five operational areas.

In the area of communicable and non-communicable diseases, WHO supported the country to accelerate progress towards pediatric HIV and TB targets including triple elimination of mother-to-child transmission of the disease. Surveillance for gambiense Human African Trypanosomiasis (g-HAT) was also strengthened, the first STEP survey was conducted, and mental health integrated into the primary health care. Ghana, with WHO's technical support, also demonstrated the value of the RTS,S Malaria vaccine through its participation in the Malaria Vaccine Implementation Programme (MVIP), contributing significantly to the global understanding of the vaccine.

Furthermore, our public health emergency preparedness and response support was strengthened through various capacity building of health workers and data managers. Ghana was supported to respond to public health emergencies including the Lassa fever outbreak and anthrax. The Lassa fever outbreak was contained in one month in the affected region. WHO also supported the response to the flooding in the Volta Region, averting outbreaks of epidemic-prone diseases that are transmissible through water or food contamination.

In the year under review WHO also provided support to the government in scaling up the capacity of the Ministry of Health, at all levels, to address health systems challenges as pertains to health financing/economics and Human resources for Health in Ghana. WHO supported the development of a policy-note and recommendations on Ghana health taxes to advocate for increases in taxes in tobacco, alcohol and sugar-sweetened beverages. With support from WHO AFRO and the WCO, WHO provided technical support and guidance in the development of the MOH HIS strategic plan to provide strategic directions for Health Information Management in the health sector. The Ghana Demographic Health Survey 2022 was also finalized and disseminated in 2023.

In the efforts to promote a healthier population, WHO supported the strengthening of food safety emergency management, thereby promoting food safety in the country. WHO also supported the revision of Ghana's Essential Nutrition Package and Harmonized the climate change vulnerability and adaptation assessment in Ghana.

Finally, WHO initiated 68 bilateral partner engagements (up by 46% from 2022) and successfully maintained the country office fundraising efforts that secured USD 1.9m. The appropriate partner recognition and donor visibility was boosted via an unprecedented increase of social media posts, enabling more 'live' public engagement on key health issues and milestones of the year.

1

Communicable and Noncommunicable Diseases



1.1. HIV, Tuberculosis and Hepatitis

1.1.1 Accelerating progress towards pediatric HIV and TB targets including triple elimination of mother to child transmission

WHO supported Ghana to develop a pediatric DTG transition plan based on which funds and logistics were mobilized from the Global Fund and PEPFAR for implementation. As of December 2023, 78% of children living with HIV on ART were on the optimal pediatric DTG with viral suppression in children improved to 70% compared to below 50% before the pediatric DTG transition.

The country was supported to build capacity of health care workers on pediatric HIV in two high burden regions with low performance in pediatric HIV indicators (volta region and central region). The 2-day pediatric training and mentorship session included five staff from six high-burden facilities in each region, focusing on family-based index testing and pediatric HIV care. The targeted staff included prescribers, ART Nurses, Pharmacists, Midwives, Biomedical Laboratory Scientists, and Data Officers. The in-person workshop was followed by supportive supervision to implementing facilities to assess progress of implementation of the change ideas from the workshop.

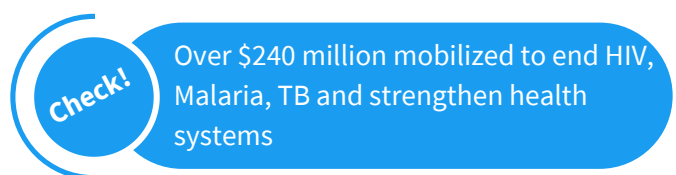
The country was also supported to update national data collection tools for Early Infant Diagnosis (EID), following the revision of national EID algorithm. The revised data collection tools will ensure that the country can track and accurately report progress of Prevention to Mother to Child Transmission of HIV. In line with the triple elimination principle the revised data collection tools also included data on Syphilis and Hepatitis Exposed infants. Additional support being provided to the country for integrating the revised tool into the Electronic HIV e-tracker. Technical support was provided to the country to adopt and pilot WHO recommendations for use of stool sample for diagnosing TB in children, the pilot showed positive results and planned for scale up in 2024.

1.1.2 Resource mobilization to END HIV, Hepatitis and TB in Ghana

The technical leadership of WHO in close collaboration with the JUTA and other partners enabled the country to receive over 240 million dollars for ending HIV, Malaria, TB and strengthening health systems in Ghana through the global fund GC7 grant. The support began by generating critical evidence to guide the grant application through program reviews for HIV, TB and Malaria.

The WHO-led reviews mobilized over 20 international experts for an in-country mission from various partners including UNAIDS, L'initiative and the STOPTB partnership. The review also included a rapid assessment of the Hepatitis program in Ghana. The results and recommendations from the program reviews formed the foundation for prioritization of interventions for the successful grant application. WHO leadership and technical support continued for the grant writing process beginning with presentations to the CCM. The country coordinating mechanism (CCM) was supported to develop a comprehensive plan which included the identification of technical assistance needs for the grant application developed through broad stakeholder engagements. The leadership of WHO was essential for ensuring an open and transparent country dialogue including playing the role of the neutral arbitrator for very complex conflicts that arose during the prioritization of interventions for the grant application. In the end, the country's grant application was fully approved by the global fund board and judged as technically sound and positioned to end the three epidemics of HIV, TB and Malaria while building a strong and resilient health system.

WHO also provided technical support to the oversight committee of the Ghana CCM. This enabled the committee to regularly engage the principal recipient including conducting field visits where the committee interacted with community members and health care workers to ensure the resources are efficiently utilized. Gaps and challenges were identified and recommendations for improvement documented and presented to the general CCM. A key result of the CCM oversight committee was the advocacy for grant optimization funds of some 6 million dollars for the procurement of ARVs to mitigate an ARV shortage in the country.



1.1.3 HIV prevention services for key Populations including the expansion of HIV prevention services to Persons who inject drugs

With the technical support of WHO, the country was through the Ghana AIDS commission, National AIDS Control Program and the West African Program to Combat AIDS (WAPCAS) explored HIV prevention services to Person who Inject drugs (PWID) under a pilot project. A rapid situational analysis was conducted to inform the design and implementation of the pilot. The results and findings of the pilot informed the expansion of a PWID program in the Global Fund GC7 application.

WHO also provided technical support to the country for the revision of the national key populations (KPs) standard operating manual. This has ensured that the KP SOP is well aligned to current global and regional best practices.

The country was also supported to update national PrEP guidelines to align with the current WHO recommendations. Following the update dissemination of the guidelines was supported including the printing of copies and souvenirs to promote PrEP adoption by health care workers and community members.



1.1.4: Reducing Stigma and Discrimination for HIV, TB and Hepatitis Services



Technical support was provided to the country to implement human rights, stigma and discrimination interventions for HIV and TB in the global fund NFM 3 grant. The interventions implemented mainly by civil society led organizations (CHAG and WAPCAS) included the capacity building of police officers, the use of peer paralegals to educate community members on the rights as well as pro-bono legal services to help address abuses against PLHIV and KPs. The national HIV program was also supported to integrate stigma reduction into training conducted for health care workers. In addition, support was provided for the inclusion of Human rights issues into community led monitoring activities and the resolution of identified issues. Technical support was also provided for the efficient expansion of human rights interventions under the Global Fund GC7 grant.

1.1.5 Scaling up the quality of client-centered services for TB, HIV and Hepatitis

WHO provided support for the implementation of a differentiated service delivery project in three selected high-burden regions of Ghana: Central, Greater Accra and Eastern Regions. 30 staff of these facilities were trained in quality improvement and then supported to conduct root cause analysis for poor linkage to care and retention to care. The principles of Differentiated Service delivery were then used to design facility-specific interventions to improve the linkage to care and retention of clients. In all three facilities the linkage rate improved to over 85% (from 37% in one facility) and over 200 clients who had been classified in the data system as lost to follow-up for various reasons re-engaged into care. The results of the intervention informed the development of a policy brief for a national level strategy to improve the linkage to care and retention of clients on ART. The national implementation of the strategy will be funded with resources from the Global Fund with technical support from WHO.

In partnership with the USAID/CDC, WHO provided technical support to the country for improving viral load testing coverage and reporting. The interventions included the automation of viral load test results in the HIV e-tracker, enabling requesting health facilities to receive the viral load test results of clients electronically. This resolved a major challenge of delayed results and improved turnaround time of viral load results by over 50%. A series of viral load testing campaigns were also conducted in partnership with community members. Continued advocacy was also provided to ensure improved availability of viral load testing reagents and equipment. In the end the country was able to reach a viral load testing coverage of almost 70% in 2023 compared to below 50% in 2022 and 2021.

1.1.6 Scaling up HIV Self Testing through virtual platforms and civil society engagement

WHO supported the country to develop and disseminate national HIVST guidelines aligned to WHO recommendations. Following this, resources were mobilized including from the Global fund to procure HIVST kits and develop a virtual platform that enabled individual to request and receive in the convenience of their homes/workplace HIVST Kits. The Ghana HIV and AIDS Network (GHANET), a civil Society organization was also engaged for community distribution of HIVST kits with support for linkage to confirmatory testing and prevention services. In the end 140,000 HIVST kits were distributed in 2023 compared to some 30,000 kits in 2022, ensuring that more individuals had access to HIV testing as per WHO recommendations.

1.1.7: Light at the end of the tunnel for finding the missing TB Cases as Ghana breaks stagnated TB case notification rate

Ghana has over the years performed well in almost all TB performance indicators except for TB case notification which had stagnated around 32%. However, in 2023, the country recorded case notification rate of 43%. While the gap is still huge, this achievement resulted from the collaborative effort of partners including the strong leadership and technical support of WHO to the national TB control program. This included support for developing grant proposals and advocacy with the Global Fund that enabled availability of GeneXpert Cartridges, improved sputum transportation system and involvement of civil society actors in TB case detection

Check!

Supported Ghana to reach a HIV viral load testing coverage of about 70% in 2023

1.1.8 Ghana and Egypt collaborate in free Hepatitis C treatment project

The national viral hepatitis control program of the Ghana Health service with support of WHO and partners launched a free hepatitis treatment project termed STOP-Hep C. The project is a collaboration between the ministries of health of Ghana and Egypt where Egypt provides free medications for Hepatitis C treatment. Some 250 people have so far benefited from the free treatment while many more are registered awaiting the next stock of medications.



1.1.9: Improving Civil Society and government collaboration for HIV, Hepatitis and TB response in Ghana

The WHO continues to facilitate and support increased collaboration between civil society implementors and government for the HIV, TB and Hepatitis response. Through the technical support of WHO, civil society organizations under the leadership of the Christian Health Organization revised the community led monitoring for HIV structure in Ghana. The revised approach improved the engagement of government partners and decision makers, especially at the facility and district level in the use of findings from the community led monitoring.

There is also ongoing support to the country to streamline the collection, analysis, and use of data from community led HIV and TB services. This will ensure there is improved acknowledgement of civil society's contribution to the national progress.

WHO provided support to the national viral hepatitis control program to mobilize civil society and academia for commemoration of World Hepatitis Day. This approach ensured a more effective and coordinated commemoration of World Hepatitis Day while creating the platform for continued collaboration of the different stakeholders for hepatitis in the country.



1.2 Malaria and neglected tropical diseases

1.2.1 Comprehensive end term malaria program review and an elimination readiness assessment



WHO provided technical assistance for a comprehensive end term malaria program review and an elimination readiness assessment using the WHO MEAT (Malaria Elimination Assessment Tool). The findings and information from the reviews was utilized for the development of the first National Strategic Plan for Malaria Elimination in Ghana. This strategic plan then formed the basis for the Global Fund application which was again supported by WHO.

Also worthy of note was the marked reduction of Malaria Parasite Prevalence from 20.6% in 2016 to 8.6% in 2022 (GDHS) which has led to the new program orientation for elimination. This elimination drive through advocacy received a high-level endorsement with the creation and launching of the first Parliamentary Caucus on Malaria to spearhead the acceleration towards Malaria elimination.

Check!

Ghana reduces malaria parasite prevalence from 20.6% to 8.6%

1.2.2: Strengthened surveillance for gambiense Human African Trypanosomiasis (g-HAT)

There was joint monitoring, supervision, and capacity building for the 12 sentinel hospitals on g-HAT surveillance and elimination across the country. There has been no confirmed g-HAT case since 2014. As an achievement, Ghana was validated for the Elimination of gambiense Human African Trypanosomiasis (g-HAT) as a Public Health Problem in 2023 bringing to three the number of NTDs eliminated or eradicated in the country. This major achievement has been due to the health leadership and technical assistance provided by the three level WHO.

1.2.3 Stakeholders' Validation Workshop on the Draft Clinical Guidelines on Cutaneous Leishmaniasis in the context of an Integrated Skin NTDs Management

The 3-level WHO provided technical and funding support for the stakeholders' validation workshop on the draft clinical guidelines on cutaneous leishmaniasis in the context of an integrated skin NTDs management in the Volta Region which was attended by 45 participants including: public health specialists, district staff, clinicians, biomedical scientists, nurses, pharmacists, researchers/academia, and program managers.

The main objective to validate and finalize the draft clinical guidelines and algorithms was achieved with a finalized integrated guideline. This set of finalized guidelines and algorithms will be subsequently used to train frontline health staff in the detection, treatment and DHMIS reporting of skin NTDs (Cutaneous Leishmaniasis, Yaws, H. Ducreyi and Buruli Ulcer) in an integrated manner in the nine (9) selected endemic districts in the Volta and Oti Regions

1.3 Expanded Programme on Immunization (EPI)/ Vaccine Preventable Diseases Surveillance



WHO support to the Ministry of Health and the Ghana Health Service facilitated the delivery of routine immunization services, ensured the deployment of COVID-19 vaccines to the highest priority groups, and implemented malaria vaccine deployment in 96 districts. Additionally, support was provided to strengthen surveillance of vaccine-preventable diseases, including sentinel surveillance for specific diseases.

1.3.1 Routine immunization

Through strategic collaboration with the Ghana Health Service and funding from Gavi and Global Affairs Canada, a considerable number of children in Ghana have been protected against vaccine-preventable diseases. 1,241,754 (99.2%) children under one year old and 1,027,856 (82.1%) children in their second year of life were protected, highlighting the effectiveness of coordinated efforts and strategic investment in ensuring a sustainable immunization program and protecting the health of Ghanaian children.

To address equity gaps in immunization service delivery, WHO, working with the government and partners, identified innovative ways of reaching children in hard-to-reach areas, particularly island and riverine communities, who hitherto had not been reached.

Frequent vaccine stockouts, resulting from payment delays, significantly disrupted immunization service delivery in 2023. WHO had multiple advocacy sessions with the government, leading to a bilateral agreement between the Governments of Nigeria and Ghana for the shipment of vaccine doses. Ghana received 300,000 doses of measles vaccines, 963,000 doses of polio (bOPV) vaccines and 100,000 doses of BCG vaccines. To ensure long-term vaccine sustainability, WHO has supported the government to develop Ghana's Transition Roadmap toward immunization self-financing, especially as the country prepares to transition out of Gavi support by 2030. This roadmap aims to strengthen governance structures surrounding the immunization system, optimize program implementation, and ensure predictable funding for vaccines and their delivery.

Check!
In 2023, over 2.6 million children were protected against vaccine-preventable diseases through routine immunization

1.3.2 Malaria vaccine deployment

Ghana, with WHO's technical support, has demonstrated the value of the RTS,S Malaria vaccine through its participation in the Malaria Vaccine Implementation Programme (MVIP), contributing significantly to the global understanding of the vaccine including:

- The feasibility of administering the four-dose RTS,S Malaria vaccine regimen, starting in the first year and ending in the second year of life, has been demonstrated. Ghana further improved coverage by moving the fourth dose from 24 months (about 2 years) to 18 months (about 1 and a half years), maintaining similar immunogenicity and duration of protection.

- Significant safety data on the RTS,S vaccine from Ghana helped establish its overall safety.
- Data from the Malaria Vaccine Pilot Evaluation demonstrated the vaccine's effectiveness in reducing childhood mortality and hospitalizations. Further studies in Ghana specifically addressed initial concerns about gender differences in mortality and helped dispel those concerns

Following the successful implementation of the MVIP, Ghana has begun introducing the RTS,S vaccine into its routine immunization program in a phased approach. This milestone, significantly influenced by data from Ghana and the other two pilot countries, led to the groundbreaking recommendation of the RTS,S Malaria Vaccine for wider use. This recommendation is expected to significantly reduce malaria deaths among children in Ghana and other high burden countries.

1.3.3 Polio surveillance

The World Health Organization (WHO), with the support of the Bill & Melinda Gates Foundation and the Takeda Grant, collaborated with the Ministry of Health/Ghana Health Service to strengthen surveillance for vaccine-preventable diseases (VPDs) nationwide. This involved actively searching for VPD cases across the country to enable rapid detection and ensure timely management. This approach facilitated the prompt containment of cases and outbreaks.

In efforts to enhance Acute Flaccid Paralysis (AFP) surveillance quality, Regional Surveillance Officers facing specific challenges were strategically included in National Polio Expert Committee (NPEC) meetings for capacity building. This approach significantly improved the 60-day follow-up rate for non-polio AFP cases. By increasing clinician involvement in AFP case detection and follow-up, over 95% of reported cases were successfully followed up within the designated timeframe

1.3.5 COVID-19 Vaccine Roll-Out

Recognizing the importance of sustainable systems for COVID-19 vaccine delivery, WHO facilitated the integration of the vaccine into routine systems. This support included the development of technical guidance for integrating COVID-19 vaccination into routine vaccinations and other essential primary healthcare services. Furthermore, WHO actively supported the revision of the Policy on Immunizations to encompass COVID-19 vaccination, ensuring clear and up-to-date guidance for healthcare providers. Additionally, WHO facilitated the update of EPI field guides, incorporating Standard Operating Procedures (SOPs) for the safe and effective administration of COVID-19 vaccines within routine settings. Through this multifaceted approach, WHO played a critical role in strengthening national capacities to deliver COVID-19 vaccinations alongside existing routine systems.

For persons receiving at least one dose, the number increased from 5,774,413 in December 2021 to 12,792,555 in December 2022.

Despite improved vaccine supply and uptake, coverage inequity existed at the subnational levels. The Volta Region was among the regions with the lowest uptake of vaccines. WCO provided catalytic funding to train staff and engage key stakeholders including chiefs, social influencers, and politicians to increase vaccine demand. The number of persons completing the primary vaccination series increased from 69,689 in December 2021 to 570,874 in December 2022.

Other regions including Ashanti, Greater Accra, Western, Savannah, Bono East, and Northern were also supported to improve vaccine uptake through targeted demand generation activities.

1.3.4 Accelerated disease control activities

WHO's expertise played a vital role in accelerating disease control activities. This included supporting the preparation of successful applications to Gavi, the Vaccine Alliance, for critical initiatives like the Measles-Rubella Catch-Up Campaign, Second Dose Inactivated Polio Vaccine (IPV2) introduction, Equity Accelerator Fund (EAF) utilization, Malaria Vaccine Expansion, and Cold Chain Equipment Optimization Platform (CCEOP) implementation.

The implementation of these initiatives, following the approval, is expected to contribute to achieving key national and global health goals, including disease eradication, reducing morbidity and mortality rates, optimizing vaccine storage and transportation, and promoting health equity and access to essential healthcare services.

1.4 Non-Communicable Diseases and Mental Health

1.4.1 Diabetes Spotlight Event in Ghana



In Ghana, the burden of noncommunicable diseases (NCDs) is rising rapidly, contributing to diminished health, productivity, and economic growth. Diabetes is one of the top five causes of NCD mortality in Ghana, accounting for over 7,300 deaths in 2019. Considering the rising burden of diabetes and the first-ever global coverage targets for diabetes adopted by WHO Member States in May 2022, WHO and the World Diabetes Foundation (WDF) proposed an integrative project in Ghana in partnership with the Ministry of Health (MoH) that promotes health systems strengthening and lays the groundwork for scaling-up priority interventions for diabetes prevention and control.

To foster commitments for the current WDF project and ensure alignment among key stakeholders, WHO Ghana in partnership with the Ministry of Health hosted a spotlight meeting on diabetes. The meeting convened stakeholders across sectors, including government (i.e., MoH leadership and agencies including the Food and Drugs Authority, Ghana Health Service), civil society (i.e., Ghana Diabetes Association, Clinton Health Access Initiative, PATH), private sector (i.e., Novo Nordisk Ghana), academia and media, with over 100 participants in attendance and 1500 virtual participation. The final session of spotlight meeting on diabetes was dedicated to a rich and impactful discussion on the path to achieving the global diabetes coverage targets in Ghana.

Ghana Health Service has also promoted wellness centers in district hospitals and is now planning to expand them into community health centers to support prevention and control of diabetes and other NCDs.

Ghana is piloting structured and regulated patient education for patients with diabetes and other NCDs to control the quality of education. This is also one avenue to counter misinformation, which can drive low medication adherence and loss to follow-up.

1.4.2 Conduct of first national STEPS Survey in Ghana

An effective national response to NCDs relies on robust evidence that demonstrates both the disease burden but also the prevalence of risk factors across populations. Such information can help inform policy decisions on sectoral reforms, allocation of scarce resources and the reorientation of health service delivery. Towards this end, the Government of Ghana with support from WHO implemented its first nationally representative NCD risk factor survey.

The objective of the survey was to better understand the prevalence of both behavioral (tobacco smoking, unhealthy diets, physical inactivity, harmful alcohol consumption) and metabolic (elevated blood pressure, fasting glucose, cholesterol, obesity), risk factors, with a view to strengthening the quality of national data on NCDs and inform policy reform across relevant sectors.

The maiden nationwide survey was conducted between 18th July 2023 and 17th August 2023 in all the 16 regions of the country. The data analysis workshop is being planned with technical guidance from WHO HQ and the Regional Office to be followed by the reports and factsheets development.

1.4.3 Ghana conducts a comprehensive needs assessment on the status of implementation for the protocol on illicit trade of tobacco and tobacco products

Following Ghana's ratification of the Protocol (in the year 2021), there was a need to assess the state of illicit tobacco trade and develop a roadmap for the implementation of the Protocol with support from the FCTC secretariat. The rationale behind the conduct of a needs assessment on the protocol with the requesting government, Ghana, was to:

- Identify the objectives to be accomplished under the Protocol
- Identify available resources for implementation
- Identify any gaps
- To establish a baseline of needs.

Preliminary recommendations based on result of various consultations were made to the Government of Ghana to strengthen the implementation of the Protocol and accelerate the full application of all its provisions.

1.4.4 Empowering adolescents to lead change using health data

The health and wellbeing of adolescents play a critical role in their overall growth and development. However, the lack of comprehensive local data on adolescent health, particularly in lower-resource settings hampers efforts to promote healthy behaviors and policies for adolescents, especially those in schools.

To fill this gap and generate new data and information, World Health Organization (WHO) with support from Botnar Foundation implemented a project dubbed “Empowering adolescents to lead change using health data” with the aim of generating adolescent health information from students in cities across four low- and middle-income countries, comprising Fez, Morocco; Jaipur, India; Saint Catherine Parish, Jamaica; and Sekondi-Takoradi, Ghana. This initiative leveraged existing WHO tools such as the Global School-based Student Health Survey (GSHS) to assess health behaviours and protective factors among students, and the Global School Health Policies and Practices Survey (G-SHPPS) to assess school policies that promote the health of students.

In Ghana, this initiative, which is being implemented in partnership with the Ghana Health Service and the Ghana Education Service has empowered adolescents in the Sekondi-Takoradi Metropolis to have a voice on their health needs and contribute to developing sustainable solutions towards overcoming health barriers.

In Sekondi-Takoradi/Ghana, the baseline surveys have been conducted from December 2022- February 2023 and photovoice in April 2023. The results from these baseline data were used in a data-to-action workshop in Sekondi-Takoradi from 25th – 27th April 2023.



1.4.5 WHO 75th Anniversary Celebration (Walk the Talk event) in Ghana



WHO celebrated its 75th anniversary on 07 April 2023. Over the past seven and a half decades, there has been extraordinary progress in protecting people from diseases and destruction, including smallpox eradication, reducing the incidence of polio by 99%, saving millions of lives through childhood immunization, declines in maternal mortality and improving health and well-being for millions more.

Ghana, under the leadership of the Ministry of Health on Friday 14 April 2023 launched the yearlong celebration of the 75th anniversary of WHO, with a commitment from all stakeholders to strengthen collaboration with WHO to achieve health for all people in Ghana. The launch was graced by the Minister of Health, current and past staff of WHO, the diplomatic community, development partners, Heads of UN Agencies and Heads of Government institutions. As part of the activities to mark the anniversary, there were media engagements and social media activities to highlight the impact of WHO's interventions over the last 75 years.

Furthermore, WHO Ghana in collaboration with its Partners organized a Walk the Talk Event as part of the 75th Anniversary Celebration and as an advocacy event to promote physical activity amongst the general population. The walk was attended by over 600 people from the Ministry of Health, government agencies, development partners, staff of WHO, civil society and the public. The event also helped to strengthen the WHO brand and reinforced the power of science, solutions, and solidarity.



1.5 Mental Health

1.5.1 WHO supports capacities for primary healthcare staff in mental health



Improving the capacities of primary healthcare staff in mental health is important in making quality mental health care accessible. The WHO Special Initiative sought to provide quality mental health service to 5.2 million more Ghanaians by improving the competencies of primary health care staff to provide quality person-centered mental health service delivery in the country. The initiative's focus was to strengthen the mental health services focusing on the newly created regions, namely Western North, Savannah, Oti and Ahafo. The initiative scaled-up quality interventions and services for people with mental health conditions, including substance use and neurological disorders using human rights approaches. At the end of 2023, through the initiative 1.2 million people had access to new mental health services, 5000 new cases mental health received services, 550 primary healthcare staff trained using mhGAP modules and 5000 people completed the Quality Rights e-training. The training's beneficiaries were tasked with using existing structures to disseminate to other clinicians in their area of operations. Financial support for this activity was provided by Norad.

Check!

550 primary healthcare staff trained using mhGAP module

5000 people completed the mental health Quality Rights e-training

1.2 million people had access to new mental health services

1.5.2 Mental Health and Psychosocial Support for Teachers

Responding to health emergencies requires a comprehensive approach involving health and non-health agencies. As part of the COVID-19 pandemic response, various agencies were oriented on basic mental health and psychosocial support. Primary health staff and teachers were trained to improve their own well-being and support pupils as well as community members to recover from the effects of the pandemic and build resilience.

The mental health system of communities within the Bono, Ashanti, Oti, Ahafo, Western North and Savannah regions were strengthened through capacity built in mental health and psychosocial support for public health and other humanitarian emergencies. Through the financial support of the United Kingdom -Department of Health and Social Care (UK-DHSC), 533 (167 females) special education and guidance and counselling teachers (from Bono and Ashanti regions) and primary healthcare providers (from Oti, Ahafo, Savannah, Western North regions) were oriented on mental and psychosocial support. They are now using the knowledge and skills gained to improve their mental health and wellbeing of their students and clients respectively with support from WHO in collaboration with Ghana Health Service.



533 (167 females) teachers trained to provide mental and psychosocial support to students

1.5.3 Mental health awareness through World Mental Health Day Celebration

Annually, 10 November is celebrated to create awareness on mental health aimed at raising awareness on mental health by focusing on a specific theme driving advocacy campaigns.

WHO supported the Mental Health Authority, Ghana Health Service, the Oti Regional Health Directorate to celebrate the 2023 World Mental Health Day which was under the theme Mental Health is a Universal Human Right to advocate for the protection and promotion of the human rights of persons living with mental health conditions and their families. Several agencies including the Municipal Health Directorate for the Oti Region, Ghana Psychological Association and Psychiatric Association of Ghana and other relevant agencies participated in various aspects of the activities.

The Oti Regional Health Directorate was supported to undertake a weeklong community-based activities to create awareness and offer mental health service selected districts. Several communities within the region were oriented human rights of persons with mental health condition through school engagements (mental health education and mental health status assessment and intervention), religious organizations (churches, mosques and prayer camps), radio discussions, engagement with persons with lived experience of mental health conditions and their caregivers. Key among the activities were several stakeholder fora where persons with lived experience of mental conditions and their caregivers shared their opinion on the mental health services received at facility and community level and shared their opinion on how they can best be supported to improve their health outcomes.

As a climax to the weeklong celebration, a grand durbar was held at Dambai the regional capital with representatives from various agencies such as the Police, Immigration, National Ambulance, Health, Education, Traditional leaders and members of the community. The need to address stigma, a major barrier to seeking care and make access to quality person centered mental health care at the community level with support of families and community members were emphasized.

Check!

Over **8 000 people** benefited from mental health education and related services through the activities conducted



2

Universal Health Coverage/Life Course



2.1 Health Financing/Economics

Achieving the health system goals of improving health outcomes, providing financial risk protection, and increasing system responsiveness requires direct contributions from health financing and clear relationships to other health systems functions. As health care financing is at the heart of Ghana's health sector governance, WHO in 2023 provided support to the Government in scaling up the capacity of the Ministry of Health, at all levels, to address health systems challenges.

2.1.1 Health Taxes in Ghana

A policy-note and recommendations on Ghana health taxes was jointly developed by WHO in partnership with the United Nations Development Programme (UNDP), WHO Framework Convention on Tobacco Control (FCTC), Research Unit on the Economics of Excisable Products (REEP), UN Inter-Agency Task Force on NCDs and Vision for Alternative Development (VALD) to advocate for increases in taxes in tobacco, alcohol and sugar-sweetened beverages.

The policy brief became a valuable tool for advocacy and a great resource for information on revenue forecast, and was strategically shared with the Ministry of Finance, Ghana Revenue Authority and Parliamentarians. The advocacy paid off when the amendment of excise bill was captured in the 2023 Budget, read on 24th November 2022, and eventually passed in May 2023.

In alignment with the policy brief, the new excised bill introduced a mixed system with a sizable specific component, which is slightly lower than the most ambitious scenario from the economic modelling. The tax increase on tobacco is also an important accomplishment because it sets a new benchmark for other countries in the region. The new excise duty act includes other life-saving provisions. It introduced the tax on e-cigarette liquids at levels comparable to many high-income countries and doubled the tax rate for spirits and wines. Finally, it increased the tax rate on sugar-sweetened beverages, and fruit juices.

Dissemination workshops provided more information on the economic rationale for raising taxes on unhealthy products such as tobacco, alcohol and SSBs to prevent NCDs, and on outlining best practices in relation to the monitoring, evaluation, and impact assessment of health tax policies. In attendance, were more than 50 participants drawn from the Ministry of Finance, Ministry of Health and its agencies, Ghana Revenue Authority, Academia and Civil Societies of Ghana.



2.1.2 Financing UHC Conference

WHO, in a strategic collaboration with the Ministry of Health and the National Health Insurance Authority (NHIA), organized a Regional Conference on Financing UHC and Health Security.

The aim of the event was to showcase the story of the National Health Insurance Scheme (NHIS) and its backing evidence on the design features over time, political economy dynamics, implementation processes as well as measurable performance of the NHIS. It provided a platform to support sharing of lessons learned from experience, disseminate good practices, and contribute to capacity and institutional development, relative to UHC financing.

With support from AFRO, UNDP and Codman in commemoration of the 20th Anniversary of the establishment of Ghana's National Insurance Scheme, and the 75th Anniversary of the WHO, resources were mobilized to support 25 countries in African participated in the conference.

Under the theme "Overcoming Financial Barriers and Providing Financial Risk Protection" the Conference supported the use of evidence in the design of insurance and other financing features that changed over time, along with the political economy and policy dynamics and the means to measure performance. Though the foundation was on health insurance, the wide engagement allowed for a full exploration of different health financing mechanisms, including insurance and pre-payment approaches, and the contextual issues influencing success or failure



2.1.3 National Health Account

The WHO is supporting the Ministry of Health through the National Technical Working Group to finalize the 2017 National Health Accounts report and conduct NHAs for 2018 through to 2022. National Health Accounts is a framework for measuring total-public and private-national health expenditures. NHA methodology tracks the flow of funds through the health sector, from their sources, through financial institutions, to providers and functions.

NHA organizes, tabulates, and presents health expenditure information in a standard format. This allows health care decision makers to understand how, and how much, health resources are used in a health care system, to review allocation patterns, to assess the efficiency of current resource use, and to evaluate options for health care reform. It also allows for comparisons of a health system at different points in time, and comparisons of one country's health system with others.

The NHA technical working group piggybacked on the Ghana Living Standard Survey (GLSS 7 health module) implemented by the Ghana Statistical Service (GSS) and Ghana Health Service (GHS) to collect data for 2018-2021. Based on the concepts of the System of Health Accounts (SHA) data was triangulated and mapped. The HAPT tables have been developed with report writing initiated.

The associated policy briefs will provide insights for assessing the adequacy of health resources, evaluating the efficiency, effectiveness, and equity of resource allocations, bench marking against peers, and monitoring the progress towards the key goals of universal health coverage and health security in Ghana.



2.2 Human Resources for Health

Ghana is taking a new look at its workforce challenges and prioritizing investment for better and smarter health workforce. In addressing the mismatches of supply, demand and need, Ghana will use strong scientific evidence to support the claims. The Health Labour Market Analysis (HLMA) is to provide evidence to inform decisions and interventions on the health workforce.

2.2.1 Ghana Health Labour Market Analysis

WHO, with support from UK – DHSC, is supporting the Ministry of Health (MoH) Ghana to conduct Health Sector Workforce Labour Market Analysis (HLMA). As a major activity in the MOH's 2023 Programme of work, this seeks provide in-depth analysis of the relationship between supply, demand and need of the health labour force in Ghana and the necessary actions to address the existing gaps. This will provide answers on how labour market analysis can contribute to a better understanding of the factors behind human resource constraints in the health sector and to a more effective design of policies and interventions to address them and inform dialogue towards linkage e with other ongoing HRH initiatives and efforts.

In 2023, with support from consultants from AFRO, Ghana's Human Resources for Health (HRH) Technical Working Group analyzed data collected on education, supply, demand, including budget space and financial feasibility studies, which forms the basis of the descriptive, predictive and exploratory aspect of the health labour market analysis (HLMA). To complement this, an epidemiological-based needs assessment was initiated, with a team of 51 practicing clinicians, drawn from the health sector, with representation across all levels of healthcare and ownership. The participating clinicians finalized their standardization of agreed interventions for 108 diseases affecting Ghanaians. Furthermore, the clinicians were assisted to match these interventions to the 67 cadres of health care workers. This will determine the epidemiological need of the country in terms of health workforce. The report is currently about 80% complete.

2.2.2 Sustaining the Platform for Leadership for Health Transformation in Africa- Ghana. - Partnership with Ashesi University



The Leadership for Health Transformation Programme aims to provide the required high-level leadership and strategic support to senior leaders in the health sector to enable them to transform health outcomes in their countries. It focuses on nurturing a new breed of agile leaders for whom learning and self-reflection constitute their ways of working. Ghana has since its launch in 2021, improved the leadership and management competencies of 109 senior officials of the Ministry of Health and its agencies, with four cohorts.

WHO in its quest to consolidate the AFRO Transformation Agenda and sustain its institutionalization into learning centers of excellence, signed a memorandum of understanding with the Ashesi University to collaborate towards shaping health sector leadership in the African Region through the delivery of the AFRO Pathways to Leadership for Health Transformation leadership development program (the “Program”).

To implement this, AFRO and WCO initiated a meticulous transitional road map, which included a Training of Trainers (ToT), to ensure the effective transfer of knowledge to Ashesi University college. With guidance from WHO, Ashesi University have been guided with the production of program material and showcased a delivery structure, in line with the WHO quality standards and poised to facilitate the fifth Cohort of participants of the WHO-Pathways to leadership for health transformation in Ghana

With support from UK- DHSC, Cohort 5, was therefore duly launched on 6 December 2023, with 30 participants from the MOH and its Agencies.

2.3 Strategic Health Information

There has not been a working strategic document for Health Information Systems to guide the data collection systems, data analysis and enabling data use at all levels and in over 1600 budget management centers (BMCs). Ghana now has a working document Health Information Systems Strategy to provide such directions. The country bridged the gap on Health-Related SDG data availability from 64% as indicated by the Ghana WHO SCORE Assessments in 2018 to an estimated 90% (GHS Harmonized Health Facility Assessments dissemination 2023). It also strengthened and improved CRVSS by fully migrating to ICD11 to standardized data reporting for morbidity and mortality in over 700 hospitals as part of the WHA Resolutions in 2021.

2.3.1 Making district Health Systems Functional

In collaboration with WHO African Regional Office (AFRO) and WHO Ghana Country Office, Ghana initiated a sub-national unit (SNU) functionality assessment, aiming for a comprehensive evaluation of its district-level health systems. WHO provided technical and financial support throughout the process, including tool adaptation, training, district assessments, analysis, and report writing. This initiative aimed to identify areas for improvement at the regional/district level to accelerate progress towards Universal Health Coverage (UHC) and other health goals.

Despite significant strides in UHC through the Service Coverage Index (UHC SCI), Ghana faced stagnation and high out-of-pocket spending, exceeding the regional average. The correlation between UHC SCI and health system functionality prompted a detailed analysis of strengths and weaknesses in districts across the six new regions of Ghana. Results informed operational, strategic, and long-term implications at the district level, driving actionable change.



Districts leveraged data to address population needs, with initiatives like establishing elderly departments and advocating for investments in health facilities. The assessment culminated in regional meetings to discuss findings and implications, emphasizing the importance of primary healthcare, community empowerment, and trust within the health system. Gaps in accessing care, particularly for older people, highlighted the need for tailored interventions and community engagement to ensure equitable and accessible care delivery. This collaborative effort underscores Ghana's commitment to improving health systems and advancing towards UHC, guided by evidence-based strategies and stakeholder engagement. See [factsheets here](#)

2.3.2 Ghana fully migrate from ICD10 to ICD11 level reporting in Ghana

There is an increasing demand for real-time and accurate statistics on mortality and Cause of Death (COD) to inform public health policy, planning and budgeting, and legal documentation of occurrence and cause of death. These statistics are also vitally important for monitoring the nation's performance and progress towards the Sustainable Development Goals.

The WHO supported training and orientation workshops for the national and regional level clinicians, physicians, and Health Information Officers on the ICD-11 and District Health Information Systems 2-based tool for medical certification, coding and reporting of cause of death together with their accompanying standards and implementation arrangements.

Four (4) clinicians from each of the 16 regions with experience in cause of death certification and their respective regional health information officers were trained on ICD11 data capture and reporting. These officers continue to provide cascading training to all hospitals in their regions that are required to report on mortality statistics with support from WHO.

The road map for ICD11 migration developed with WHO- AFRO for Ghana per the WHO ICED 11 implementation guidelines requires for immediate organization Self-assessment, monitoring and evaluation of ICD11 reporting in the piloted facilities. This is a fundamental part of any transition planning, especially where the upgrade was from ICD10 reporting systems to the fully digital capability of ICD11.

WHO supported and provided technical assistance for self-assessment. This allowed the WHO team and the Ghana Health Service to identify a clear picture of what and how much is necessary to progress, identify potential obstacles and to inform a 'before and after' analysis to support full country implementations.

The major outcome for Ghana include;

- A standard approach used by ALL physicians in Ghana in recording and coding cause of death data in hospitals.
- There are comparative outputs from analyses on causes of death data across all hospitals
- There is improvement in the local capacity of capturing and using causes of death statistics
- It is facilitating quality improvement in recording cause of death statistics
- Ghana is implementing key interventions for high quality death certification aimed at improving medical certification at national scale.



2.3.3: Ministry of Health Strategic Health Information Systems Strategy Developed

With support from WHO AFRO and the WCO, WHO provided technical support and guidance in the development of the MOH HIS strategic plan to provide strategic directions for Health Information Management in the health sector. At a high level, this plan seeks to set out the governance systems, the implementation and integration plan that will facilitate the collection, analysis, access and use of comprehensive quality health data across all the agencies of the Ministry of Health.

This strategy covers management of all data collected in the health sector. These include routine administrative health service data as well as those from community and facility surveys. The strategy also covers service and non-service data from both public and private. With regards to Civil Registration and Vital Statistics, the document defines the role of the health sector on registration of Births and Deaths. The role of the health sector with regards to Civil Registration as covered in this document is in line with the WHO guiding principles and good practices on the role of the health sector. The strategy covers the health sector contribution to the health population surveys conducted by the Ghana Statistical Service supported by other partners.

2.3.4: Ghana Disseminates the Results of the Harmonized Health Facility Assessment to Bridge the Health SDG Data Availability Gap.

WHO with Support from the German Government supported the ministry of Health Ghana to adopt the WHO Harmonized Health Facility Assessment (HHFA) to usher in a new era of standardized and comprehensive evaluation of health service availability, readiness, and quality. All 16 regional hospitals, all 141 district hospitals and all other hospitals at the district level, all 68 polyclinics, over 50% of health centers and lower-level community facilities were included.

This assessment has equipped the Service with reliable and objective data on the capacity of healthcare facilities to provide services at the required standards of quality. The HHFA data and results will be instrumental in shaping evidence-based decision-making and supporting health sector reviews, thus fortifying our nation's healthcare services.



The findings from the HHFA are foundational data for costing health investments outlined in Ghana's UHC Roadmap 2030 and the data will support health sector reviews, planning and policymaking, and enable evidence-based decision-making for strengthening Ghana's health service delivery systems.



2.3.5 Ghana Demographic Health Survey 2022 finalized and disseminated

The 2022 Ghana Demographic and Health Survey (2022 GDHS) is the seventh in the series of DHS surveys conducted by the Ghana Statistical Service (GSS). The national detailed report provides national estimates of demographic and health indicators that are comparable to data collected in the six previous DHS surveys and similar surveys in other developing countries. WHO with support from UKFCD provided key technical and final support to the Ghana DHS 2022. The information gathered added to the large database of population-based indicators for Ghana. Data were collected from a nationally representative sample of approximately 18,540 households from all 16 regions in Ghana.

The survey interviewed 17,933 households, 15,014 women of reproductive age (age 15 to 49), and 7,044 men (age 15 to 59). In addition, 4,935 children aged 0–5 were measured for anthropometry, and children aged 6–59 months were tested for malaria using malaria rapid diagnostic tests (RDTs) and microscopy. Results from the survey shows that households in Ghana have an average of 3.5 members, women head 37% of Ghanaian households and forty (40) percent of the household population in Ghana is under age 15, among other findings.

The national detailed report provides information on fertility, fertility preferences, family planning practices, childhood mortality, maternal and child health, nutrition, knowledge of HIV prevention methods, violence against women, women's empowerment, health insurance, water, sanitation, menstrual hygiene, malaria prevalence, marriage and sexual activity, and other health issues. The data are disaggregated by region, type of locality, and selected demographic characteristics, including sex, age, education, and wealth. WHO will support repackaging of specific sector reports for engagements in data-for-action workshops. The findings from the detailed national report will support the design, implementation, monitoring and evaluation of the country's policies and programmes to improve healthcare in general and reproductive, maternal and child health, in particular.

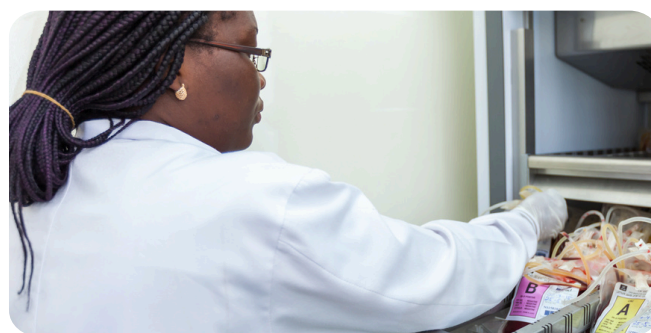
2.4 Quality and Safety

Patient safety and Healthcare quality are essential elements in the provision of care prioritized by the government and driven at the high-level to guide all actions for ensuring Quality of care. An Essential Health Services Package (EHSP) that is in draft was developed to be harmonized with the insurance benefit package ensuring that the services that the country has determined as essential are covered by the health benefits package. The Ministry of Health, Ghana Health Service, Food and Drugs Authority (FDA), National Blood Service (NBS) and other agencies continue to face challenges in availability of quality and safe medical products including medical devices and blood and blood products for quality service delivery. Though the FDA is equipped to continuously assess and monitor medical products imported and locally manufactured in their role as a Maturity Level 3 NRA, gaps in regulatory capacity still exist. WHO's support is continually needed for regulatory strengthening to ensure a safe healthcare system where medical products meet quality standards.

2.4.1: Improving access to quality and safe Blood and Blood products in Ghana

The need to strengthen access to blood and blood products cannot be over-emphasized. The National Blood Service, an agency of the Ministry of Health is mandated by Law to provide safe and adequate blood and blood products to meet the needs of the public.

The WHO Country Office supported the country technically and financially to develop and disseminate the fourth 5-year Strategy for the National Blood Service (2023 - 2027) aligned to the findings of the WHO-USAID Blood Self-Assessment Tool. The support will enable the National Blood Service to coordinate activities at the different levels of healthcare towards the goal of strengthening access to safe and adequate blood and blood products and related blood services to meet the needs of health service providers in Ghana. Additionally, the Country Office supported the drafting of a roadmap with key milestones and timelines for effective implementation of the Strategy.



2.4.2: Strengthening Human Resource Capacity for Regulation of Medical products in Ghana

As part of a broad objective of strengthening the Ghana FDA as a regulatory capacity strengthening hub for African NMRAs, the WHO Country office with funding from CanGIVE provided technical and financial support to the Food and Drugs Authority (FDA) to develop training manuals, one on Marketing Authorization for Vaccines and Biological Products (VBP) and the other on Pharmacovigilance. This was aimed at strengthening capacity for representatives of National Regulatory Authorities in Ghana and Africa through the FDA-led Regional Centre of Regulatory Excellence (RCORE) programme. The manuals were developed in collaboration with Academia through participatory reviews and validation processes. They will serve as a teaching and reference material targeted at healthcare professionals involved in pharmacovigilance and VBP such as scientists, pharmaceutical industry persons, staff of NRAs, post-graduate students in pharmaceutical drug development and persons interested in pharmacovigilance and VBP regulation. The training modules are designed to cover a period of four weeks for focusing on Pharmacovigilance and twenty weeks for VBP regulation. Moving forward, WHO working with the FDA will discuss modalities for making both courses accessible to those who need it, by leveraging existing networks with facilitatory support from the WHO regional office.

2.4.3 Ghana updates Standard Treatment Guidelines and Essential Medicines list for Non-Communicable Diseases

The increased incidence in NCDs and its resultant increase in complications and mortality necessitated the need for modern strategies and best practices to address these issues. With technical and financial support from WHO through the NORAD support, the Ministry of Health reviewed the Standard Treatment Guidelines (STG) and Essential Medicines List (EML) for Non-Communicable Diseases (NCDs). This involved the convening of a technical team of experts who reviewed the current clinical management practices of NCDs in line with WHO and other global best practices. The approach was designed to be technical and participatory in the review of evidence and engagement of relevant stakeholders to validate the outputs. The document will help improve the efficiency of reimbursements through the selection of treatments that are effective at a relatively optimized cost to the National Health Insurance Authority. It will also provide clinicians with evidence-based protocols for the management of NCDs at all levels of the healthcare system.

2.4.4 Ghana develops First National Essential Medical Devices List

The WHO Country Office provided financial and technical support to the Ministry of Health to develop the first National Essential Medical Devices List. The process was guided using the WHO tools and products such as the WHO Development of medical device policies, WHO In vitro Diagnostics Lists and other documents. The development process involved the convening of three technical expert team meetings with representation from the various clinical areas across the levels of healthcare. The approach was designed to be technical and participatory in the selection and listing of medical devices, disaggregated by age and gender. The document features a listing of medical devices that include medical equipment, surgical instruments, laboratory equipment, medical furniture, assistive products, and others within the context of prevailing diseases in Ghana. The Essential Medical Devices List will guide the effective and efficient selection, acquisition, placement, utilization and management of medical devices in Ghana.



2.4.5: Taking stock of progress in implementing the Healthcare Quality Strategy in Ghana

The WHO Country Office supported the End-term assessment of the implementation of the First 5-year National Healthcare Quality Strategy (2017 - 2021). The assessment took account of major successes, revealed important lessons and provided useful recommendations that informed the preparation of the second National Healthcare Quality Strategy (2024-2028). A major finding was that the Strategy was skewed towards clinical service delivery in the public sector to the neglect of other relevant services including regulation of medical products and human resource, research institutions, private sector etc.

This validity of the findings is premised on Ghana's health system structure where the Ministry of Health implements its policies and Strategies through designated implementing agencies. The recommendation was to update the implementation plan to reflect other sectors in the healthcare system in addition to clinical service delivery and review the necessary quality indicators used for M&E to capture the data for quality improvements across the health care system. Technical support was provided by WHO for the preparation of the second 5- Year National Healthcare Strategy that took into consideration the lessons and recommendations of the End-term assessment.



2.4.6 National Action for Patient Safety – Ghana



Patient safety is the foundation of healthcare quality and is recognized as a global public health priority. In Ghana, several initiatives and programs have been implemented in the health sector to address patient safety gaps. The launch of WHO the Global Patient Safety Action Plan (GPSAP) 2021 – 2030 in 2019 imposed on countries the obligation to operationalize the plan through development of strategic documents aligned to the GPSAP. Financial and technical support was provided by the WHO Country office for the development of Ghana’s first National Patient Safety Strategy. The development of this Strategy was in response to WHO’s call for Global Action on Patient safety put out in 2019. The Patient Safety Strategy is aligned to the WHO Global Patient Safety Action Plan (2021 -2030) and will guide national efforts for implementing patient safety initiatives in a comprehensive and structured manner.

Check!

Ghana supported to develop the first National Patient Safety Strategy, which is aligned to the WHO Global Patient Safety Action Plan (2021 -2030)

2.4.7 Training tools developed to standardize the practice of pharmaceutical services in Ghana

The need for harmonization and standardization of pharmaceutical activities for efficiency and improved quality of service is important for service provision. The Ministry of Health developed the Standards and Practice Guidelines for Pharmaceutical Services (SPGPS) with a purpose of defining standards, roles, activities, responsibilities, and procedures in providing pharmaceutical services in all health institutions in Ghana. Recognizing the need to operationalize the document, WHO provided technical and financial support for the development of appropriate tools to facilitate the trainings on the document.

The developed tools comprised a comprehensive facilitators manual, participants activity book, standard power point slides and indicators for monitoring of pharmaceutical service provision. Following the development of the tools, training will be conducted for hospital pharmacy teams in a systematic and structured manner. The implementation of the SPGPS is expected to standardize and harmonize the provision of pharmaceutical service across the levels of healthcare in Ghana while monitoring the progress of service provision for continuous improvement.

2.5 Fight Against Antimicrobial Resistance (AMR)

Antimicrobial resistance (AMR) poses a risk to public health. AMR-related deaths accounted for 1.27 million globally, with 99 deaths per 100,000 persons from sub-Saharan African. In Ghana AMR was linked to 25300 deaths with E. Coli, Klebsiella, and Staph aureus among the top 5 pathogens implicated. This high burden is however not comparable to resources allocated to tackle AMR threat. Ghana is implementing policies and national action plan (NAP) on AMR.

WHO in 2023 continued to provide financial, technical, strategic leadership, brokering, and coordinating successful key interventions in the NAP. Key among these included operational research capacity for local evidence-based decisions, the WHO Extended Spectrum Beta Lactamase E. coli tricycle surveillance, the AMR Multi Partners Trust Fund project (AMR MPTF), AMR data to GLASS, celebration of world AMR awareness week among others.

2.5.1 WHO/TDR Structured Operational Research Training Initiative (SORT IT) - Ghana Cohort

The WHO Special Programme for Research and Training in Tropical Diseases (TDR) continued to build operational research capacity on AMR to generate evidence for local decisions with support from the TDR SORT IT program.

a. Research and training in AMR form is key to strategic objective two (SO2) of the national action plan on AMR. Through the WHO Special Program for Research and Training into Tropical Diseases (WHO/TDR) technical assistance, the structured operational research (OR) and training (SORT IT) capacity building initiative was successfully integrated into Ghana one health AMR initiatives. This was demonstrated by the reassessment of (12-studies in all drawn from Sierra Leone, Ghana and Nepal cohorts) previously published studies to demonstrate their “field level” impact. The assessment showed added value to policy and practice and the feasibility of using the SORT IT module to solve institutional research challenges. TropicalMed | Special Issue: Impact of Operational Research in Tackling Antimicrobial Resistance through the Structured Operational Research Training Initiative in Ghana, Nepal and Sierra Leone (mdpi.com).

b.

In collaboration with the Centre for Scientific and Industrial Research Water Research Institute (CSIR- WRI), a forum was organized for 45 participants from 14 facilities in one health to disseminate SORT IT research findings as part of efforts to ensure buy-in, and institutional acceptance of results for action. WHO supported the printing and distribution of simple language research briefs and posters for communication. Stakeholders called for intra-sector dissemination, advocacy, enforcement of health regulations and support to laboratory systems to aid clinical diagnosis and treatment. Research showed the need for water quality standards across the supply chain, which has been communicated to the sector responsible as evidence for decision making.



2.5.2 AMR data to the WHO Global Antimicrobial use and Resistance Surveillance System (GLASS)

Surveillance is key to monitoring and assessing the spread and impact of AMR, developing interventions and policies to curb AMR locally and globally. WHO’s leadership, coordination and technical support continue to play strategic role in the progress Ghana has made towards compliance with global standards on AMR surveillance.

WHO, under the AMR MPTF Project continued to provide technical and funding support to the AMR surveillance technical working group to collate, clean, consolidate and uploaded over 13931 (16% more for 2022) blood culture and sensitivity data from 10 sentinel sites into Global Antimicrobial Resistance and Use Surveillance System (GLASS). GLASS standardizes the collection, analysis, interpretation, and sharing of data by countries and identifies gaps for capacity building.

There is need however for more support for capacity, advocacy, and promotion of data visibility and integration of health information management systems to ensure accurate data capture, quality, reporting and real-time analysis for decision making.

2.5.3: AMR Leadership training for selected focal persons

WHO country office in collaboration with AFRO AMR and the Bridgeway Group strengthened the capacity of 33 (10 females and 23 males) key stakeholders of the one health national AMR platform on Leadership and Multi-Sectoral Collaboration Skills on AMR NAP Implementation in Ghana. Thematic areas addressed issues of negotiation Framework, partner interests, alternatives, commitments, communication, and relationships to address pertinent issues that govern the approach to implement national action plan.

The capacity of participants was strengthened for effective leadership engagement for multisectoral collaboration, coordination and decision making to implement national action plan. The Bridgeway Group planned and conducted a series of post workshop engagements as follow up to address and offer guidance to participants.

WHO Ghana in collaboration with AFRO AMS also organized a capacity building workshop on AMS and peer reviewed the AFRO AMS tool kit as well as conducted 5 health facility visits across 4 regions. The tool was piloted in Ghana, to obtain insight on potential gaps and context specific issues, and as well, build capacity for focal persons to support national and facility level AMS programs. Facility visits provided firsthand information to further strengthen and finalize the tool. Participants are now better informed on instituting AMS at the health facility level and appreciated the value of the AMS training modules.



Check!

33 (10 females and 23 males) key stakeholders of the one health national AMR platform on Leadership and Multi-Sectoral Collaboration Skills on AMR NAP Implementation in Ghana

2.5.4 Assessment of laboratories to carry out susceptibility testing and hospital-based AMR surveillance

WHO through the AMR Multi Partner Trust Fund supported the MoH to conduct a comprehensive assessment of 20 selected public hospital laboratories across 11 regions of Ghana on capacity to do antibiotic susceptibility testing (AST) and hospital-based AMR surveillance using the WHO Laboratory Assessment of Antibiotic Resistance Testing Capacity (LAARC) tool. The assessment among others, evaluated technical skills, related management practices, readiness of laboratories for surveillance and identified gaps that need strengthening.

Analysis of 635 public hospital laboratories showed a low national prevalence of 8.7% of facilities that could perform AST. Of the 20 selected public facilities assessed, 30% received a two-star rating, indicating acceptable performance with partial compliance to the minimum standards for AMR surveillance. 70% received a one or zero-star rating, indicating poor performance and not meeting the minimum requirements for AMR surveillance. Geospatial analysis showed that approximately 41.5% of the population is not covered by clinical diagnostic culture and AST. All laboratories failed to identify more than 75% of their cultured pathogens to the species level.

The study found substantial gaps in the quality of culture and AST services, low technical competence, SOP harmonization, lack of resources and limited access to bacteriology laboratory services for a significant portion of the population. Inadequate laboratory support challenges effective diagnosis of infectious diseases and promotes blind use of antibiotics which may further increase the risk of AMR development. The result of this assessment provides country-wide baseline data on hospital laboratory capacity for AST and AMR surveillance for further support.



2.5.5: 2023 World Antimicrobial Resistance Awareness Week (WAAW) celebration

Improving awareness and understanding of antimicrobial resistance (AMR) through effective communication, education and training is recognized globally and nationally as a key intervention to tackle AMR. WHO provided strategic leadership and coordination to mark the one health 2023 WAAW celebrations across the country.

Series of activities were held by different agencies to mark the WAAW celebrations with a focus on educating professionals and the public on the dangers of AMR and responsible use of antimicrobials.

- Publication of a human-interest story on AMR, focusing on some of the support WHO has provided to countries to fight AMR. Story is published on the net- Ghana reinforces antimicrobial stewardship | WHO | Regional Office for Africa
- In collaboration with the FAO and the veterinary services of Ghana, organized and built the capacity 25 media houses on the dangers of AMR and the responsible use of antimicrobials as well as effective reporting of AMR issues in the Volta region of Ghana. Other agencies including the Environment Protection Agency (EPA), Academia, Fisheries Commission, Ghana Health Services participated and shared information on Antimicrobial Use and Resistance. The media now appreciates AMR and is now able to effectively write and educate on the dangers of AMR and responsible use of antimicrobials.
- Over 60 Ghana Federation of Pharmacy Students from across the country were educated on antimicrobial resistance (AMR) and its impact on health. Students of pharmacy now have more knowledge and understand their role in the fight against AMR.
- Conducted an X-Space discussion on AMR in one health, reaching over six hundred (600) participants across the globe with the message on preserving our antimicrobials. The event was on the theme: “Preventing the increasing ineffectiveness of antibiotics to save lives”. Speakers included WHO Representative for Ghana (Prof. Francis Kasolo), the Ministry of Health Ghana, Academia and a civil society representative. This is in response to the strategic objective of one of the global and national action plans on AMR, which seeks to create awareness on AMR through education and training.

- Supported the Ghana College of Pharmacists to organize a 3-series education for the public and health professionals on AMR. Over 2800 participants attended this webinar series, exceeding the planned 1600 participants.
- Facilitated at a meet the press session with the Pharmaceutical Society of Ghana (PSGH) (Professional Association of Pharmacists) on a call to action on responsible use, and to tackle antimicrobial resistance. This was published on the frontpage and online by the Graphic communications group of Ghana. Health experts raise alarm: Call for strict law enforcement - Graphic Online
- c.Completed short educational videos for social media sharing on AMR in collaboration with the veterinary services directorate of the Ministry of Food and Agriculture AMR short videos shared on social media platform as part of WAAW.

2.5.6 Ghana carries out a nationwide antimicrobial resistance survey

With support from the AMR MPTF project through WHO, the MOH was able to support selected hospitals in Ghana to monitor antibiotic prevalence and provide data to support policy decision making. This nationwide AMR prevalence study found worrying evidence of multidrug resistance among uropathogens including strains categorized as critical by the WHO.

The five most common uropathogens obtained in this survey were *E. coli* (36.5%, 3823/10466), *Klebsiella* species (23.5%, 2456/10466), *Citrobacter* species (12.7% (1331/10466), *Pseudomonas* species (8.3%, 855/10466) and *Staphylococcus aureus* (5.5%, 580/10466). For oral antibiotics, nitrofurantoin exhibited the highest in vitro susceptibility, ranging from 32.1% in *Serratia marcescens* to 81.8% in *Morganella morganii*. Among *E. coli* isolates, multidrug-resistant (MDR), extensively drug-resistant (XDR), and potentially pan-drug-resistant (PDR) phenotypes were observed in 28%, 27%, and 8% of isolates, respectively. *Staphylococcus aureus* exhibited lower resistance proportions, with 7% MDR, 7% EDR, and 3% PDR.

Additionally, 57% (48/84) of *Acinetobacter* sp were carbapenem-resistant, 68% (1401/2062) of *E. coli* were third-generation cephalosporin-resistant, whilst 19% (129/694) of *E. coli* tested against meropenem were carbapenem-resistant. These findings are supporting the review of review of current guidelines for the management of infections in Ghana may be necessary.

2.6 Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

The cumulative capacity of 1,011 health workers was built in the provision of quality of care for Reproductive, Maternal, Newborn, Child and Adolescent healthcare in line with WHO recommendations and standards. 346 national health insurance officers and health workers were trained in optimizing national health insurance claims processing for family planning services. Maternal Death Surveillance and Response (MDSR) guidelines were revised in line with WHO recommendations. Geriatric service standards and protocol were developed to provide guidance in the provision of care for elderly persons. Ten (10) electronic tablets bought for 10 schools to implement WHO Web-based platform.

2.6.1 Capacity building of Health Workers in provision of quality Maternal, Newborn, Child and Adolescent Healthcare (MNCAH)

Ghana joined the network of countries for improving the Quality of Care (QoC) for MNCH in 2017. Ghana adopted WHO's standards and implementation packages for the MNCH QoC through the technical assistance provided by WHO. Even though the 5-year program concluded in 2022, the capacity building activities continued in 2023 using the adopted WHO standards such as QoC standards for small and sick newborns, QoC standards for children and adolescents and various implementation approaches such as point of care quality improvement (POCQI) and clinical mentorship

With support from BMGF under the QoC Network and MNH accelerator programs through WHO, Ghana Health Service was able to build the capacity of 460 health workers across 5 regions (Western, Ashanti, Bono, Bono East and Upper West) on the provision of life saving skills in line with WHO quality of care standards for MNH and small and sick newborns. 176 health care providers were also trained/enhanced their capacities in Point of Care Quality Improvement (POCQI) methodology and used it to implement MNH interventions in their health facilities.



2.6.2 Revision of Maternal Death Surveillance and Response (MDSR) and training of maternal mortality audit teams

With support from BMGF under the QoC MNCH through WHO, Ghana Health Service successfully revised the Maternal Death Surveillance and Response (MDSR) guidelines in line with WHO recommendations. It was successfully test ran in 9 facilities (including all the 5 teaching hospitals in Ghana) where 90 maternal mortality audit team members were trained with it. The document has since been used by GHS and scaled up capacity building of maternal mortality audit teams in 9 regional hospitals and it is guiding the healthcare workers to conduct quality maternal death surveillance and implementing appropriate responses to prevent avoidable maternal deaths.

Check!

- **460 health workers** trained to provide life saving skills in line with WHO quality of care standards for MNH and small and sick newborns
- **176 health care providers** trained on Point of Care Quality Improvement (POCQI) methodology

2.6.3 Adolescent Health Preceptorship for Pre-Service

In 2023, WHO supported the Ghana Health Service to develop adolescent health preceptorship for pre-service training manual. The objective was to use the document to bridge the gap that exists between pre-service and in service with regards to training of health workers in the provision of quality adolescent healthcare. The capacity building activities started in 2022 and continued in 2023. WHO with funding support from UKDHSC provided assistance to Ghana health service to build the capacity of 80 pre-service tutors (40 from the south sector and 40 from the northern sector of Ghana). These Preceptors in identified health facilities train student nurses and midwives who go on attachment to the facilities on how to provide quality adolescent health service. Also, 50 in-service providers across the country were trained as preceptors both on the e-learning platform and in-person mode.



2.6.4 WHO Web-based platform

With the purpose of improving upon the quality of adolescent and youth friendly health services, it was recognized that getting feedback from these adolescents/ students who use school health services can improve the quality of the service provided. WHO therefore introduced a digital web-based platform in 2022 and in 2023 increased capacity building on its use. WHO with funding support from UK-DHSC provided 10 electronic tablets for 10 schools and assisted the Ghana Health Service to train 45 service providers in the school health system on the use of the WHO Web-based platform. This platform enabled 9000 adolescents and youth who used school health services to provide feedback to improve the quality of adolescent and youth friendly health services provided.

Check!

9000 students used digital platform to provide feedback to improve the quality of adolescent and youth-friendly health services

2.6.5 Rollout of family planning as part of the benefits package under the National Health Insurance Scheme (NHIS)

Among Ghana's Family Planning commitments 2030 is the inclusion of the Family Planning service provision as part of the benefit packages of the National Health Insurance Scheme (NHIS). This is intended to improve access to family planning and ultimately improve the contraceptive prevalence rate in Ghana. WHO, with support from UKFCDO, trained 346 officers from 18 districts in the Volta region in claims management for family planning as part of the benefits package under the NHIS. The capacity of forty (40) Regional Resource Teams members across 4 regions was also built in Family Planning and they provided downstream training including 110 midwives and community health nurses in the provision Long-Acting Reversible Contraceptives. These providers are using the knowledge gained to provide quality Family Planning services in their communities.

Check!

346 officers from 18 districts in the Volta region trained on claims management for family planning as part of the benefits package under the NHIS

2.6.6 Development of Geriatric Service Standards and Protocol for Ghana Healthy Ageing Programme

Healthy ageing program in Ghana is very young, and much is yet to be done and established. Ghana does not have policy document, strategies or standards that guides the provision of health services specifically to the aged.

WHO advocated for Ghana Health Service (GHS) to set a unit with focal persons in the Family Health Division responsible for managing health care provision to the elderly. WHO also supported the GHS and successfully developed and validated Geriatric Standards and Protocols for Ghana's Healthy ageing. The document will be used for capacity building of health workers to provide quality care for the aged



3

Responding to Public Health Emergencies



Your paragraph text

3.1 Country prepared for health emergencies

3.1.1 IHR Steering Committee and SPAR Reporting



The World Health Organization supported the operationalization of the International Health Regulation Steering Committee (IHRSC) in collaboration with the International Health Regulation National Focal Point (IHR NFP). Multisectoral collaboration driven through the IHRSC enable the convening of meetings and assessment of Ghana's capacities under the IHR. Consequently, Ghana's report for the IHR States Parties Self-Assessment Annual Report (SPAR) for 2022 was concluded and submitted on time, contributing to the WHO AFRO's attainment of 100% SPAR reporting. For the first time, the IHR SC developed an Annual operational Plan (AOP) for the National Action Plan for Health Security (NAPHS) to guide implementation and monitoring of prioritized activities for 2023.

3.1.2 Simulation Exercises to strengthened Health Security

Under the International Health Regulations (2005) [IHR (2005)] Monitoring and Evaluation Framework, after action reviews (AAR) and simulation exercises (SimEx) are two critical components which measure the functionality of a country's health emergency preparedness and response under a "real-life" event or simulated situation. The WHO supported a simulation training workshop for 11 regions (Ahafo, Bono, Central, Northeast, Upper East, Volta, Western North, Upper West, Eastern, Bono-East and Savannah) in Ghana. The participants were equipped with the rubrics for conducting simulation exercises on various public health emergency scenarios. After the workshop, regions also conducted functional simulation exercises in their respective regions to test their systems in responding to events such as flooding, Cholera, and Viral Haemorrhagic Fever (EVD). These exercises enabled the healthcare professionals to practice what they would do in the event of a real event and identify gaps to address for adequate preparation for a real occurrence.

3.1.3 Influx of Asylum Seekers in Upper East Region

During the year there was an influx of people in the Upper East Region of Ghana as they fled conflicts in their country. The influx put a strain on the resources and community services in the host communities in the region. WHO supported the health component of the multi-sectoral assessment conducted by the Inter-Agency Working Group on Emergencies (IAWGE) to identify the priority needs and gaps of host communities across sectors including health/nutrition, food security/agriculture, education, migration/border management, protection, shelter, and non-food items among others. The assessment resulted in a comprehensive report which served as a tool to mobilize the resources to support the host communities and the displaced persons.

3.1.4 Meningitis preparedness

Relevant technical and logistical assistance was provided to the Ghana Health Service during the 2022/23 meningitis season. At the end of the season, Ghana reported 323 suspected cases, out of which 29 were confirmed with 12 mortalities (Case Fatality Rate: 3.72%). To prepare for the 2023/24 season, the WHO supported the GHS Disease Surveillance Department to conduct a meningitis outbreak preparedness assessment in the Upper East, Upper West, Northern and Savannah Regions which are considered as high-risk regions for meningitis outbreaks. The assessment results will guide a risk-based approach to implementing readiness activities during the meningitis season and the allocation of resources to strengthen preparedness and response actions in the high-risk regions.



3.1.5 World Rabies Day

In Ghana, rabies is ranked the second most important of the six priority zoonotic diseases. To raise awareness and advocate for the elimination of the disease, September 28 every year is commemorated as World Rabies Day. The WHO supported the planning and organization of the 2023 World Rabies Day celebration on the theme- “Rabies: ALL FOR 1, ONE FOR ALL” which reminds us that we all have a role to play in rabies elimination. The commemoration of World Rabies Day increases awareness and creates demand for rabies vaccines, especially at the community level. The year’s community event took place at New Ayoma in the Oti region. Miss Aiko Adade, a veterinary student who was the First runner-up in the 2022 Ghana Most Beautiful (GMB) beauty pageant and the new National Rabies Ambassador created awareness of Rabies at the event. Other organizations and dignitaries present during the commemoration included the Regional Minister, District Chief Executive, Food and Agricultural Organization, and Veterinary Service Department. Ghana Education Service, Traditional and Religious Leaders. Over one thousand pets (dogs and cats) were vaccinated as part of the commemoration.

3.1.6 EPR initiatives scoping mission

The World Health Organization in partnership with the Ministry of Health-Ghana, Africa Centers for Disease Control and Prevention (CDC), organized a week-long scoping mission to prioritize activities to be implemented to prevent, prepare and respond to public health emergencies more effectively. The program brought together a diverse group of health experts and stakeholders to raise awareness among government and critical stakeholders to assess Ghana’s preparedness to respond to epidemics and public health emergencies. It also identified existing resources, gaps, and priorities to inform the development of a two-year roadmap for health security.

The initiative is part of the WHO regional Strategy for Health Security and Emergencies 2022-2030, which aims to strengthen member states capacities to effectively prepare, detect and respond to public health emergencies through three flagship programmes: Promoting the resilience of systems for emergencies (PROSE), Transforming African Surveillance Systems (TASS), and Strengthening and Utilizing Response Groups for Emergencies (SURGE).

Follow-on activities include the validation and roll out of the roadmap including the training of a multi-disciplinary health workforce that can be deployed at short notice to respond to emergencies.

3.1.7 WHO-IPU African Parliamentary High-Level Conference on Strengthening Health Security Preparedness

The EPR Cluster supported the planning and organization of conferences for parliamentarians across the African region. The conference advocated for and highlighted their critical roles in health security preparedness. This was on the back of ongoing revisions of the International Health Regulations and the negotiations towards the Pandemic Treaty. Members of Parliament reiterated the need for them to be informed, engaged and involved in developments in the global health security space. In return, they pledged their support to making/strengthening legislation for health security, including the ratification of the Pandemic Treaty as well as advocacy for the allocation of resources to strengthen the country's capacity for IHR implementation.

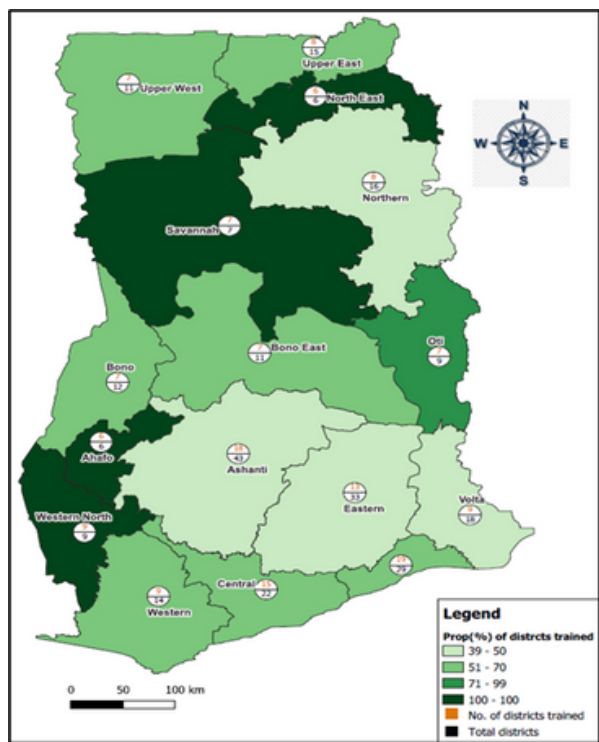


3.1.8 Capacity for Early Case Detection, emergency response and data management

IDSR District-Level Training

Ghana has been implementing the Integrated Disease Surveillance and Response System since 1998. In 2019, the country revised the IDSR technical guidance to accommodate contemporary issues in public health surveillance and response. Key objectives of IDSR include strengthening the capacity of the country at all levels including health training and academic institutions. It also aims at increasing the involvement of clinicians and other cadres of health staff in surveillance activities.

In this regard, WHO with funds from @CanGive, @UK FCDO and @ USG supported the training of multi-disciplinary teams from human, animal and environmental health. Over 2,000 staff made up of Medical Officers, Physician Assistants (Medical), Midwives and Nurses in 112 districts were equipped with skills and knowledge in surveillance functions including detection, reporting, investigation, analysis and responding among others. This knowledge and skill contributed significantly to the early detection and effective response to the Lassa Fever outbreak in February 2023.



Enhanced Geospatial Analysis for Surveillance Data

Geographical Information Systems (GIS) offer a unique opportunity to complement the epidemiological analysis and interpretation of data. Utilizing data through mapping (spatial analysis) puts data in a visual context for insightful and informed decision-making. However, at the sub-national level where primary data were generated, officers have little or no skills in this level of analysis. To address this gap, Disease Control, Surveillance and Health Information Officers in the regions were equipped with the skill to provide accurate geospatial analysis of diseases and other health events for decision-making.

In all, 40 participants from the 11 regions and the National Disease Surveillance Department were equipped with knowledge of components of GIS and GIS data, the basics of coordinate referencing system (CRS), skills in data acquisition into QGIS, data projection, geoprocessing tools (clip, buffer, join), data visualization and map making. Pre-test and post-tests were conducted to assess participants learning. The median score in the pretest was 53.3% (range: 40.0% - 80.0%) while the median score in the post-test was 80.0% (range: 66.7% - 100.0%) which indicated an improvement in knowledge and skills among participants. With this support, participants are applying their skills and generating relevant maps to enhance their reports.



3.1.9 Clinical mentorship programme



Lessons learned from the COVID-19 pandemic and other outbreaks highlighted the need to strengthen capacity in critical care of infectious diseases across the country. To effectively control COVID-19 in Ghana and prepare for any future upscale of cases, it became crucial to increase the capacity of clinicians nationwide with up-to-date knowledge and skills in the management of infectious diseases including COVID-19.

WHO supported the Emergency Medicine Society of Ghana (EMSOG) to provide mentorship and skills transfer for 18 clinicians from six regions in the country. Through theory and practical sessions, the participants gained hands-on experience in various aspects of critical care including triaging/screening of infectious diseases, respiratory complications, sepsis management, acute respiratory distress syndrome (ARDS), and the use of point-of-care ultrasound (POCUS). The program also facilitated networking opportunities among the participants and mentors, fostering a community of practice aimed at sharing knowledge and best practices across different regions. At the end of the mentorship program, the assessment scores of participants in the critical care of infectious patients improved from 18% to 82%.

Check!

18 clinicians from six regions on critical care

3.2 Epidemics and pandemics prevented

3.2.1 National Genomic Surveillance Strategy



Genomic Surveillance plays a vital role in evidence-based decision-making by increasing our understanding of pathogens, their evolution and circulation. At the global level, WHO developed a global strategy for genomic surveillance of epidemic and pandemic-prone pathogens. At the country level, the EPR cluster supported the development of a contextualized strategy to promote, strengthen, and scale up genomic surveillance for pathogens with epidemic and pandemic potential for quality, timely, and appropriate public health actions.

In collaboration with the Ministry of Health, WHO facilitated the formation of a multi-sectoral Technical Working Group (One Health Approach) and provided technical assistance in the development, review and validation of the strategy. The strategy has been finalized and is awaiting ministerial approval and launch. The strategy will shape genomic surveillance of priority diseases in the country.

3.2.2 National Infection Prevention and Control Strategy

Infection Prevention and Control situation in healthcare settings highlights the level of quality of care and patient safety. Sub-optimal adherence to IPC practices has been noted to be responsible for most Healthcare Associated Infections (HAIs). It is refreshing to note that up to 70% of HAIs can be prevented by scaling up an array of effective IPC interventions. Investing in IPC is one of the most effective and cost-saving interventions to ensure quality healthcare.

WHO provided technical and financial support for the development of a five-year (2024 – 2028) IPC strategy in the context of Ghana but deriving guidance from the Global Strategy on Infection Prevention and Control.



3.2.3 Mortuary workers are capacitated to reduce the risk of disease transmission

Infection Prevention and Control is a key determinant of safety and quality for both health service providers and users. Mortuary workers play vital roles in handling, transporting and disposal of human remains occurring from infectious and non-infectious pathogens.

In 2022, Ghana reported the first-ever Marburg Virus Disease outbreak. The risk assessment performed during the outbreak as well as the After-Action Review conducted amplified the need for capacity building for mortuary workers to ensure their strict adherence to IPC protocols and practices to reduce the risk of disease spread from infectious materials.

With funding from the UK Department of Health and Social Care (DHSC) WHO provided technical and financial support to the Mortuaries and Funeral Facilities Agency (MoFFFA) of the Ministry of Health to improve the knowledge and skills of mortuary workers in Infection Prevention and Control as part of safe handling and disposal of human remains.

To implement the interventions, 35 staff MoFFFA and selected mortuary workers were trained as IPC Training of Trainers (ToT). At the end of the ToT training, the average knowledge and skill improved from 56.7% to 66.3% in the assessment conducted by national officers of the Ministry of Health. At the regional level, 486 mortuary workers from the 16 regions were trained. The pre and post-tests conducted for the training indicated that the knowledge and skills of participants improved from 52% to 64%.

3.2.4 Risk Communication and Community Engagement

Risk Communication and Community Engagement focuses on informing and engaging the public on how to reduce risks and better protect themselves. This is achieved by engaging with communities through two-way communication to ensure access to accurate, trusted and timely information. It empowers individuals, families and communities to make life-saving decisions. The WHO provided RCCE support to the country, particularly regarding COVID-19, routine vaccination, Anthrax disease and other health emergencies. SBCC materials including communication strategies, jingles, posters, leaflets, factsheets etc. on Oral Polio Vaccine Immunization, cholera, and Lassa Fever were developed



3.3 Health emergencies rapidly detected and responded to

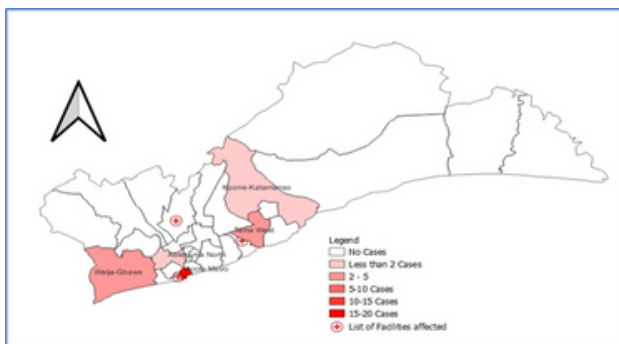
3.3.1 Lassa Fever Outbreak Response

Ghana reported the Lassa Fever outbreak in February 2023. WHO provided technical support in Coordination, Surveillance, and medical countermeasures (case management, infection prevention and control, and mental health and psychosocial support). Technical support was provided in the production of situation reports, contact monitoring, capacity-building in Infection Prevention and Control and risk communication. WHO country office also facilitated the deployment of technical assistance from AFRO (Medical Officer & Nurse) to support case management and share experience with clinicians on management of Lassa Fever cases.

A total of 27 confirmed cases, one death (CFR=3.7%) were reported in five districts in the Greater Accra Region (Figure). The outbreak lasted for one month (24 Feb – 10 March 2023) within the region.

In line with the International Health Regulation (IHR, 2005) and WHO Monitoring and Evaluation Framework, WHO provided technical and financial support to conduct an After-Action Review (AAR) of the outbreak to document what worked well, areas for improvement and plan to address the gaps identified.

The AAR highlighted among others limited knowledge about Lassa Fever among the public and inadequate infection prevention and control (IPC) measures during case management. It was recommended that capacity be built for IPC in health care settings, improve access to National Disaster Emergency Funds for the public and the prompt release of funds for Risk Communication and Community Engagement (RCCE) activities during an outbreak. WHO is supporting the Ministry of Health to develop a comprehensive IPC strategy that will cover IPC in health facilities.



Distribution of confirmed Lassa Fever cases in Ghana, 2023

3.3.2 Anthrax outbreak response

A suspected outbreak of Anthrax in humans in Binduri District, Upper East Region was reported on the 1st of June 2023. WHO provided technical support in Coordination, Surveillance, and medical counter measures. Technical support was provided in the production of situation reports, contact monitoring, capacity-building in Infection Prevention and Control and risk communication.

3.3.3 Flooding in the Volta Region



In September 2023, the Volta River Authority, the operator of the Akosombo Dam, conducted a controlled spillage of the dam due to high inflows of water upstream which threatened its integrity. The spillage flooded about 184 communities in nine districts downstream. An estimated 35,857 persons were displaced as a result. The United Nations Country Team (UNCT) undertook a multi-sectoral rapid assessment which generated data which was leveraged to mobilize support to mitigate the impact of floods.

Following the assessment, the WHO procured and distributed laboratory reagents (Cholera RDT) and medical supplies worth over US\$35,000 to the health authorities for early detection and management of public health diseases and events. Technical and financial support was also provided to strengthen community-based surveillance and coordination in the Volta Region. WHO supports averted outbreaks of epidemic-prone diseases which are transmissible through water or food contamination.

3.3.4 Ventilators to boost the health of people in Ghana

WHO with financial support from the Government of Germany procured twelve (12) ventilators for the Ministry of Health which have been installed and are in use in intensive care units of five teaching hospitals (Korle Bu, Komfo Anokye, Cape Coast, Tamale) Holy Family and Upper West Regional hospital Wa across the country. These ventilators have contributed to strengthening the national capacity to provide critical care in these beneficiary facilities.

3.4 Promoting Health through One Health Approach

WHO envisions positioning the implementation of the One Health approach as a priority for the health system and partners in Ghana. Over the past five years, the WHO has collaborated with the Food and Agriculture Organization of the United Nations have supported the National Disaster Management Organization (NADMO) to set up the One Health Technical Working Group (OHTWG) which has coordinated and facilitated a national consultative, multi-sectoral process to develop a One Health policy, which will guide the implementation of One Health approach in Ghana.

To provide high-level visibility and buy-in from policy makers, the WHO convened a high-level policy dialogue with policy makers from eight ministries involved in One Health implementation. The policy dialogue engaged Chief Directors and Directors of policy and planning from the respective agencies as well as key stakeholders from research institutions, academia, development partners and civil society organizations. Inputs were received through the policy dialogue which have been addressed to align the draft policy to national best practices.



4

Healthier Population



4.1 Food safety and Nutrition

4.1.1 Strengthening food safety emergency management

As part of efforts to upgrade Ghana's food safety core capacity for the International Health Regulations (IHR) from level 4 to 5, two main benchmarks were required - the availability of a surveillance system for the detection and monitoring of foodborne diseases and food contamination, and the existence of a functional mechanism for the response and management of food safety emergencies. In response, a desktop stimulation exercise of food safety events was conducted to assess and review the response, collaboration, and communication mechanisms of the Food Safety Emergency Response Plan (FoSERP).

The Food and Drugs Authority (FDA) with support from the WHO, convened a desktop stimulation exercise, reaching thirty (30) regulatory (FDA, Fisheries Commission), service delivery (i.e., Ghana Health Service, Veterinary Service) and security agencies (i.e., the Ghana Armed Forces, Customs) personnel drawn from national and regional level. Through this, critical lessons, gaps and opportunities were documented across the emergency response chain, from the process of constituting rapid response teams at regional and district level; the investigations and the communication of food safety events and/or emergencies. The lessons learnt from this stimulated exercise informed the subsequent review and update of the FoSERP and its associated guidelines and standard operation procedures (SOPs). This was done using the WHO's Checklist for Planning and implementation of the Food Safety Emergency Response Plan [FoSERP], which assessed the coping capacity and resilience of Ghana's FoSERP.



4.1.2 Promoting food safety in Ghana



In Ghana, foodborne diseases such as Cholera, Typhoid fever, Dysentery and Viral Hepatitis pose a significant health burden for health authorities and the health system. These diseases may arise from exposure to contaminated food and unsafe water, heightened by poor hygiene, lower levels of literacy and education. As part of activities for the 2023 World Food Safety Day, the World Health Organization supported Ghana Food and Drugs Authority to conduct market activation in 5 regions to highlight the need to ensure healthier markets for food safety.

The Food and Drugs Authority with support from the WHO took food safety education and awareness creation to five (5) major markets in five regions across the country. Through a community engagement lens, market leaders, food vendors, consumers and travelers at these markets were consulted to understand safety measures to protect the health of food and people. This also provided an opportunity to educate and reinforce the role of established food safety practices and standards to ensure food safety and quality. Through this engagement, the FDA and WHO contributed to addressing information gaps and mobilizing actions at all levels to promote safety in the production, preparation, handling and consumption of food.

4.1.3 Revising Ghana's Essential Nutrition Package

Ghana's UHC Roadmap has one of its objectives as ensuring access to quality nutrition services at the PHC level. Scaling up the Essential Nutrition Actions was identified as one of the key interventions to ensure universal access to nutrition services. Since 2014 Ghana has implemented the Seven Essential Nutrition Actions (ENA), however WHO updated guidance adopted the life course approach and proposes primary health care as the main platform for delivery of essential services. The life-course approach is proposed to tackle malnutrition in all its forms across the entire life-course. This necessitated the revision of Ghana Seven Essential Nutrition Actions (ENAs) package.

WHO provided technical and financial support towards the revising of the Essential Nutrition Package, aligning to global standards and norms. WHO support enabled the Ghana Health Service to lead the revision of Ghana's Essential Nutrition Actions (ENA). This guidance document takes a life-course perspective and identifies outlines 26 critical interventions and 58 essential actions from pregnancy through adulthood (aged), to be scaled up and implemented at all health services including the district and community level and strategies to ensure implementation and increased coverage.

The collaborators at the different levels of service delivery are also highlighted to ensure that other social determinants of health are addressed during implementation. These actions will enable decision makers and the health workforce at different levels of care to plan, implement and deliver nutrition services to improve maternal and child outcomes and population health. Through this support, the ENA is also accompanied by training resources with standardized days and toolkits to help facilitate capacity strengthening actions to ensure effective service delivery.

4.2 Climate change

4.2.1 Harmonizing climate change vulnerability and adaptation assessment in Ghana

To strengthen the health sector's response to climate change, there was need to review, validate and harmonize the results of existing assessment reports with the goal of updating current climate and health risks including facilitating acceptability and adoption of findings.

WHO with funds from the UK-FCDO supported the Government of Ghana through the Ministry of Health and agencies to undertake a harmonization of climate change vulnerability and adaptation assessments. The support enabled the Ghana Health Service to develop a validity screening tool and framework and applied to existing vulnerability and adaptation reports to identify gaps. Field assessments were carried out in 9 districts (Tamale, Nadowli-Kaleo, North Gonja, KMA, Jaman North, Krachi East, Nzema East, AMA, Ayawaso East districts) in 8 regions to conduct regional level assessments and validation of findings from previously studied districts.

Through this support, there is improved understanding of the burden of prioritized climate sensitive health outcomes, health system capacity to respond to climate sensitive health outcomes including adaptation policies to address current and future risks. The finalized report will present evidence on adaptation options which will feed into the development of the health sector national adaptation plan for climate change. This is key to ensure adequate mainstreaming of climate change into health policy.



4.3 Water, Sanitation and Hygiene (WASH)

4.3.1 Training of Trainers Workshop on Water, Sanitation and Hygiene Preparedness and Response on Cholera

Cholera is an acute infection caused by ingestion of food or water contaminated with fecal matter containing *Vibrio cholera*. A strong human response is key to the effective preparedness, response and management of cholera outbreaks. To further strengthen capacity, there is need to capacitate and have a pool of expertise that can support government response to cholera outbreaks.

The WHO with funding from CDC Atlanta, supported the Ministry of Sanitation and Water Resources (MSWR) to convene a three (3) day training of trainers (TOT) for water, sanitation, and hygiene (WASH) sector players on cholera from eight (8) hotspot districts across four (4) regions in Ghana. The training highlighted the cross-pillar interventions that needs to be undertaken during cholera and other disease outbreaks including implementation of WASH activities, coordination between the WASH and health sector at the different levels (regional, district, community), community engagement, case management, oral vaccine and surveillance data to reduce cases. The TOT built capacity to enable beneficiaries to deliver effective strategies to employ the prevention and response to cholera. The expectation is that knowledge and skills acquired will enable trainers to cascade training to subnational response teams



4.4 Cross Cutting issues (LNOB, Gender, Equity & Rights)

4.4.1 Supporting enabling environment for gender equality in health

An enabling environment for the health sector to identify and tackle gender-based health inequalities is key to leaving no one behind. Under the “Strengthening local and national Primary Health Care and Health Systems for the recovery and resilience of countries in the context of COVID-19” and Canadian Global Initiative for Vaccine Equity (CanGIVE) in Ghana, the WHO Ghana has been supporting the Ministry of Health and agencies to foster an environment for effective mainstreaming of gender in health policies and strategies, including capacity strengthening activities to implement gender responsive health services.

In collaboration with the Ministry of Health and Ghana Health Service, WHO supported the convening and facilitation of capacity building trainings to improve understanding on health inequalities and inequities in service access and quality. Through WHO support:

- Over 40 healthcare professionals across 15 (of 16) regions have improved knowledge, skills and competencies on gender, equity, and rights; and plan to respond to needs of vulnerable populations.
- Over 25 members of the newly inaugurated Ministry of Health gender focal points, who will support agencies in the implementation and monitoring of health sector gender policy, when finalized.
- Over 600 health and non-health sector professionals have benefited from both training and orientations, resulting in improved knowledge and understanding on the prevention of sexual misconduct in the workplace and programme implementation.

Through WHO technical support in collaboration with other programmes and implementing partners, gender, equity and rights considerations have been mainstreamed/developed in several guidance documents, awaiting finalization. These include:

- The draft Essential Medical Devices List
- National COVID-19 Integration Plan, and the
- Health Financing Monitoring & Evaluation Framework

5

Corporate Services and Enabling Function



5.0 Corporate Services and Enabling Function

The WHO Ghana leadership, external relation, partnerships and visibility enhanced through effectively leading the health sector development partners, initiating 68 bilateral partner engagements (up by 46% from 2022) and successfully maintaining the country office fundraising efforts that secured USD 1.9m in 2023. The appropriate partner recognition and donor visibility was boosted via an unprecedented increase of social media posts from 79 the year prior to 560 (out of the total of 1,362 in 2023), enabling more 'live' public engagement on key health issues and milestones of the year. An overall reach of 1.7 million people was achieved by WHO (up from 1.5 million in 2022) through communications activities. The year also was marked with a series of events commemorating the 75th anniversary of WHO, including a "Walk the Talk" initiative engaging about 600 participants to promote healthy lifestyle.

5.1 Partnership and resource mobilization




5.1.1 Accelerated partnerships and fundraising for Universal Health Coverage in Ghana

The WHO Ghana Country Office has successfully strengthened its strategic partnerships and engagement with the development partners and non-State actors through strategic planning, partner mapping, systematic donor intelligence, frequent bilateral partner meetings and resource mobilization. In 2023, USD 1.9 million was mobilized at the country level, which is unequivocally linked to 68 bilateral partner engagements (up by 46% from 2022) convened by WHO throughout the year. In addition, WHO Ghana has reached out to about 21 non-State actors with the purpose to expand a formal collaboration in line with the WHO Framework of Engagement with non-State actors. A particular increase has been observed in WHO's formal collaboration with academia, including through the signing of the memoranda of understanding with entities such as Ashesi University, Ghana College of Physicians and Surgeons, Medical and Dental Council, etc.

5.1.2: WHO leadership in action: maximized health development partners' collective impact

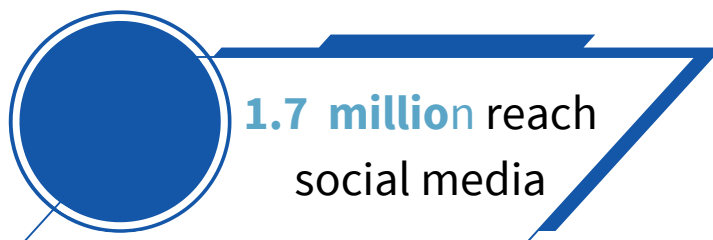
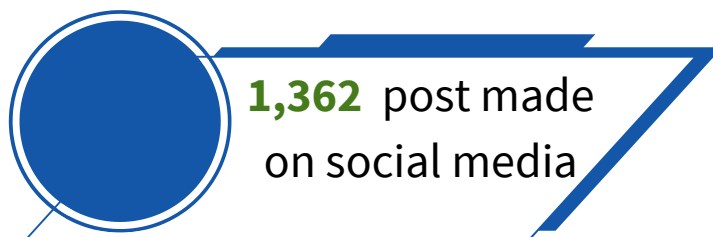
2023 saw an increase in long-lasting and strategic synergies, external relations, coordination and collaboration among the health development partners led by WHO. Specifically, WHO's role as the Lead of the Health Development Partners Group, since August 2023, has enabled strengthening the WHO leadership overall, as WHO systematically provided guidance and the way forward on key issues (e.g. shortage of commodities, routine immunization vaccines) to the health sector development partners that consists of approximately 30 multilateral and bilateral organizations. In addition, through the role of the Chair of the UN Results Group on Social Services (and the Lead of Health/HIV sub-group), WHO Ghana has been leveraging the opportunity to drive the joint UN impact in an aligned manner and in accordance with the UN reform to spearhead the health-related Sustainable Development Goals in Ghana. For example, as a major step in the fight against HIV/AIDS, the HIV self-testing kits are now available in Ghana to enable improved HIV diagnosis, following the advocacy and support to the country by the Joint UN Programme on HIV/AIDS in 2023.

Check!

-  In 2023, USD **1.9 million** was mobilized at the country level
-  **21 non-State actors** with the purpose to expand a formal collaboration
-  **68 bilateral partner** engaged

5.2 Strategic communication

As a result of the enhanced capacity dedicated to communications, WHO Ghana became a “powerhouse” in the African region through continuous and targeted strategic communications and partner visibility initiatives, ranging from digitalization of the quarterly newsletter that created a new trend in other WHO Country Offices; systematizing impact stories and organizing five (5) X Spaces (formerly Twitter) on various health issues, which attracted about 1,000 listeners among the general public each time, to the development and dissemination of human interest stories. Overall, WHO Ghana has made 1,362 social media posts (up from 864 in 2022) and 42 impact stories/press releases promoting and increasing the visibility for the organization and partners about the key milestones and results in 2023, with an overall reach of 1.7 million people (up from 1.5 million in 2022). The 560 social media messages of success have recognized the respective donors and were further amplified by them through external relations and partnerships functions.



5.3 IOS HQ audit and compliance review

WHO Ghana Country office has received an unqualified (clean) audit opinion from the Office of Internal Oversight - IOS HQ Audit on the review of the country Office’s operations, financial management practices, the overall effectiveness of internal controls and risk management capacity among others for the period up to June 2023. the Office of Internal Oversight Services has noted higher operating effectiveness of internal controls within the audits in awarding 85% of the audits tier 1- “satisfactory”. Ghana was captured in the Green, this achievement confirms the country’s ’s commitment to improve transparency, efficiency, compliance and accountability in all spheres of the Country Office operations. The IOS Audit made eight(8) recommendations which were all addressed within three months and the final one was for country office to ensure to share assurance activity reports with the Implementing partners for redress to enhance and improve Partners internal accountability and responsiveness to WHO standard operating procedures and policies, this will be addressed as and when such new reports come up before end of June 2024.

This achievement is a result of previous two visits of the AFRO Compliance Reviews in 2019 and 2021 which made some findings and recommendation s for implementation. The country office ensured full implementation of all the administrative compliance reviews, and this propelled the country office in readiness for all Audits at any time.

During the Year 2023, the AFRO Compliance Risk Management and Assurance Team (CRMA) also selected to conduct a Post-Facto Administrative Review on the Counterparts on Direct Financial Cooperation (DFC). The sample selected included the Ministry of Health, Ghana Health Services, Ambulance services, College of Health Project of the Kwame Nkrumah University of Science and Technology [KNUST]. A score of 83% was achieved for the review. Some vital conclusions were reached and recommendations made by GRMA / GMC for country office follow-up to address these with the Counterparts urgently.

5.4 Human resources

In 2023, the WCO Ghana had a work force totaling sixty (62) comprising of forty-three (43) males and nineteen (19) females, of which the regular staff members was made up of twenty-one (21) males and thirteen (13) females. The regular international Professional staff [including the WR] stood at 7 with three (3) being females.

The functional review recommended position were all filled during the biennium, these were mostly national staff positions, these National Professional and General staff fixed term position included:

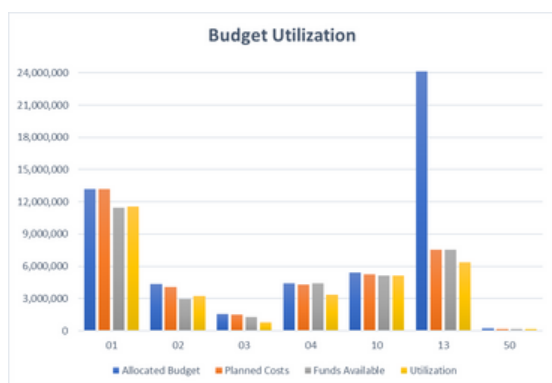
- Strategic Health Information Officer, NOC
- Quality and Safety Officer, NOC
- Vaccine Initiative officer, NOC
- Communication officer, NOB
- Human Resources Assistant, G7
- Finance Assistant, G7
- Travel and Protocol Assistant, G5
- External Relations and partnership, P3
- Programme Management officer, P2

Ghana country Office was designated MCAT hub, hosting the Multi-Country Support Team of Experts/Specialist to bolster the support and quality of WHO presence in the West African country offices including Ghana, Sierra Leone, Liberia and the Gambia. AFRO reassigned three (3) MCAT International Professionals staff who have been at at post since the beginning of the biennium included the UCN Lead, the EPR Lead, and Malaria experts. These MCAT Teams have since added to the sharpness and quality of service delivery to the WCO/Ghana office and beyond.



5.5 Programme budget and financial management

The year 2023 marks the ending year of the 2022/2023 biennium and the total allocated budget was USD 53,452,446 with a planned cost USD36,017,807 and the year ended with a financing rate at 95%, 71% of the distributed available funds of USD USD32,915,421 made available and the total utilization of USD30,675,303 was achieved at the rate of 93% utilization of the available funds for all workplans by the close of the year 2023. The proportion of total funds utilization to all activities was USD23,611,661 constituting 77% of all expenditure and staff costs was USD7,063,642 constituting 23% of the total funds available.



5.6 Transparency, accountability and risk management

The local compliance and risk management committee [LCRMC] was appointed by the WR and committee met every two months to review the internal controls and risk register to ensure the country office operations are not at risk. Besides the LCRMC kept working at improving on the key recommendation emanating from the AFRO Administrative compliance review conducted November of 2021.

This has further created staff awareness on issues of transparency, internal controls and accountabilities at all levels of responsibilities and routine tasks. So much information is available, All staff members completed the mandatory ilearn course on risk management. The continuous discussion of the relevant SOPs at staff meetings continued to strengthen and enhance staff performance and adherence to the rules, regulations, SOPs and guidance.

The use of the key performance indicators [KPIs] monthly measure of WCO performance also kept staff on track with the routine tasks to ensure performance is on track to achieving the relevant KPIs. The continuous comparison of actuals against the well defined kPIs is a self-check for continuous improvement in quality service delivery. During the year 2022, The Country office was adjudged the best performing country [large country category] for the AFRO KPI Award 2021.

5.7 Compliance and control framework

In line with organizational policy, the country office followed the organizational structure, lines of authority and responsibility to ensure that work processes are well aligned to reflect the delegation of authority, clear lines of responsibility for reporting and strict adherence to policies and procedures. The Country office has a local Compliance and Risk Management Committee[LCRMC] that meets every two months to review work performance in compliance to the rules, regulations , SOPs and policies at the country office.

In June and November the country office at a staff meeting reviewed collaboratively the internal controls Self-Assessment framework [ICF] to assess the performance of the office and the country office scored 3.7[strong] for the Internal Control Self-Assessment checklist. The operational Control which considered the Internal environment, risks management, control activities, information communication and monitoring. Whilst the functional controls score was 3.6 assessing the areas of planning, budgeting and monitoring of workplans, donor agreements and awards management, Human resources, Security, procurement, travels, Asset management, accounting and financial management. Much awareness creation and staff capacity has been enhanced through these assessments during the year.

5.8 Assurance activity and implementing partner risk assessment

The annual Implementing Partner Self-assessment checklist and assurance activities was conducted by the WCO Finance Team visiting the implementing Partners - MOH and its agencies achieving 90% (18/20) of the target for IP Assessment and Assurance activity including the followed up with the regional Health directorates that cumulatively received funds above USD50,000. During these field assessment visit, the SOPs for the disbursement of WHO funds to WHO sponsored activities were discussed and further orientation on the various modalities/mechanisms for disbursement and reporting on such activities provided. This has enhanced the implementation of WHO Sponsored activities in line with the agreed implementation timelines, it has also reduced significantly the delays on submission of reports by implementing partners. Keeping the country office on track with the DFC KPIs by achieving 70% green KPIs against the minimum standard target of 75% .

5.9 Fleet management

The country office has a total of twelve (12) vehicles with current driver strength of eight (8), during the year under review one (1) of these vehicles have not been engaged for field mission due to aging and high maintenance costs. However, the total cost associated with the management of the fleet involving the 11 active vehicles was captured as shown below:

Item/Description	Total Costs	Average cost/visit
Running Cost	581,700	52,882
Fuel	460,000	41,818
Maintenance/repairs	124,685	11,335
No of Garage visits	43	3.9
Distance [Km]	174,662	15,878
Vehicles	11	

Vehicle usage went up due to the emergency response activity for Polio, Yellow fever, and the Marburg virus disease and surveillance activities during the biennium.

5.10 Procurement

The Ghana country office has a vibrant Local Procurement Committee [LPC] conscious of supporting programme Implementation by ensuring that the Relevant SOPs relating to procurement are strictly adhered to by ensuring the principles of fair, transparent and open competition are observed in all selection processes. The committee meets almost every week to review requests for procurement of good and services.

During the year under review, over sixty-six (66) Purchase Orders were issued valued at USD1,701,292 for local procurement of goods. A total of thirty-one (31) LPC deliberations were successfully carried out. Notable procurement of goods activities was as follows, besides services of hotel rentals, Consultancies and meetings and conferences:

Item	Purpose
2250 digital tablets	To support MOH/Ghana Health Service data management
102 Motorbikes	Support to the Ghana Health Service -newly created regions
3 Medical Boats	To augment Ghana health Services' fleet of Boat Services to enhance quality Service delivery to the hard-to-reach districts and Communities
11 Vehicles	for MOH/Ghana Health Service[3 station wagons and 8 Pick-ups]
1 Vehicle	WCO Ghana - Station Wagon CD 1033-22
1 30 KVA Genset	Back-up Power Supply to WCO Office Annex
1 set Virtual Conferencing	
1 complete set Genomic Equip	Installed at Noguchi Institute of Medical research - Laboratory unit
1 ultra-low freezer	Installed at Navrongo Health Research Centre - Upper East Region
Medical supplies & equipment	Handed over to MoH/ Ghana Health service
Supplementary PABX Equip.	WCO Ghana Office

5.11 Shipment

A total of Seventy-seven consignments were cleared from the port with five (5) of these being for the use of WCO/Ghana and the rest for various projects including emergency supplies to MOH/Ghana Health Services. An average of twenty (20) per quarter with most of these taking place in the fourth quarter.

Acknowledgements

We are grateful to the government and people of Ghana for their continuous support to the work of WHO at all levels. We also express our deep appreciation to the Ministry of Health and allied institutions for their strong collaboration in 2022.

Our sincerest gratitude to the following partners who stood with us in 2022 to enable our support to the government of Ghana's health sector agenda:

- Bill and Melinda Gates Foundation
- Childhood Cancer Society of Ghana
- Department of Health and Social Care(DHSC), United Kingdom
- Fondation Botnar
- Foreign, Commonwealth & Development Office(FCDO), United Kingdom
- Gavi, the Vaccine Alliance
- Government of Canada
- Government of Germany
- Government of Norway
- Norwegian Agency for Development Cooperation (Norad)
- PATH
- Rotary International
- St Jude Global
- The Global Fund
- UN Multi-Partner Trust Fund (MPTF)
- United Nations Human Security Trust Fund
- United Nations Resident Coordinator's Office
- United Nations Agencies in Ghana
- United States Agency for International Development (USAID)
- United States Center for Disease Control and Prevention (CDC)
- World Child Cancer



2023 ANNUAL REPORT

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