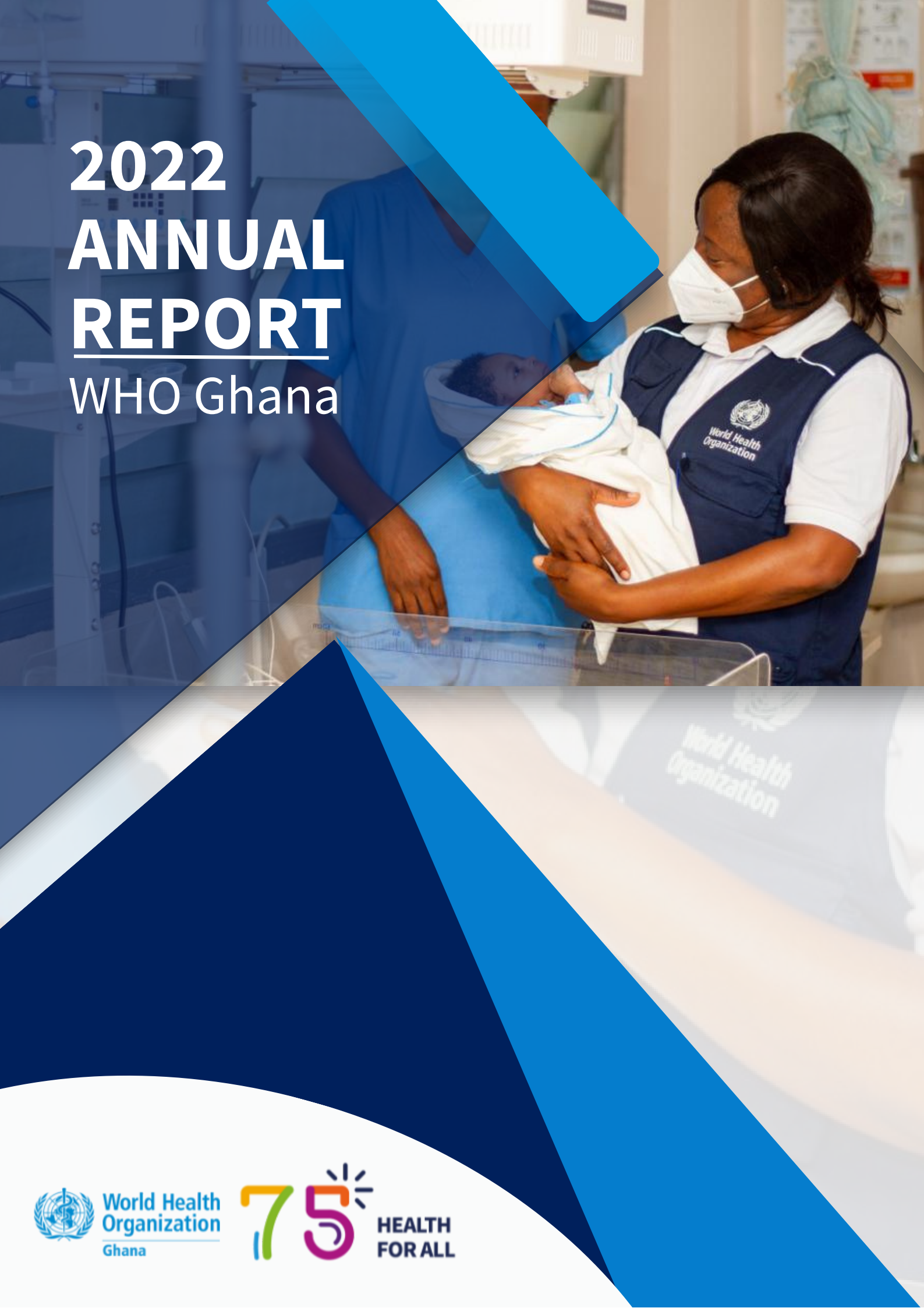


2022 ANNUAL REPORT

WHO Ghana



World Health
Organization
Ghana



HEALTH
FOR ALL

2022
ANNUAL
REPORT
WHO Ghana

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FOREWORD



2022 was an eventful year for us as a Country Office. Within the framework of our General Programme of Work (GPW), we continued our efforts to support the Government of Ghana's health sector priorities to ensure improved access to quality essential health services; attainment of Universal Health Coverage (UHC) through strengthening of health systems and primary health care; promoting healthier populations through multisectoral actions and approaches, whilst strengthening our public health emergency response efforts.

Together with our partners, several achievements were chalked. These included the generation of critical health data and evidence to inform policy interventions and increased routine vaccination efforts to catchup with children who missed their routine immunization due to COVID19. Even as we continue the fight against COVID19, we supported Ghana to successfully respond to Marburg Disease Outbreak, leading to its early interruption. We helped in strengthening national capacity and coordination mechanisms in Communicable, Non-Communicable Diseases, NTDs and Mental Health.

The country office was privileged to cohost the International Strategic Dialogue (ISD) to raise the profile of the noncommunicable diseases (NCDs) agenda within the Sustainable Development Goals (SDGs) in Ghana, and internationally. This dialogue was held in Accra Ghana and co-chaired by the President of Ghana, the Prime Minister of Norway, and the Director General of the WHO.

These achievements were made possible with the support of the Regional Office and Headquarters who stood with us throughout the year 2022. We are also grateful for the strong support from our partners and donors who continue to help us drive this health agenda.

As I invite you to read this highlight of our achievements, I wish to use the opportunity to thank all WHO staff who dedicated their expertise and time to support their counterparts and closely worked with health development partners for better alignment and harmonization of programmes to promote the health of the Ghanaian people. The country office will continue to work with the same team spirit and enthusiasm in the year 2023 and beyond.

Dr. Francis Kasolo
WHO Country Representative for 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

In 2022, WHO Ghana collaborated with the Ministry of Health, Ghana Health Service, allied institutions and other stakeholders to deliver interventions in support of the Government of Ghana's health sector agenda. 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.

A number of achievements were chalked in these five operational areas.

In the area of communicable and non-communicable diseases, we cohosted International Strategic Dialogue to raise the profile of the noncommunicable diseases (NCDs) agenda within the SDGs in Ghana. The country was also supported to increase immunization coverage in 2022 even as the response to COVID-19 continues.

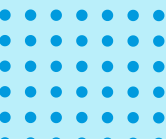
Furthermore, our public health emergency preparedness and response support was unwavering. Ghana was supported to respond to public health emergencies including the Marburg virus outbreak and monkeypox. The country successfully interrupted the Marburg virus outbreak and declared it over.

In 2022, 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. Technical support was also provided to the Ministry of Health to update COVID-19 Standard Treatment Guidelines and Essential Medicines List (STG/EML) in alignment with the WHO COVID-19 Living Guidance for COVID-19 to produce the third edition of the guidelines.

In our efforts to promote a healthier population, we worked with the Ghana Health Service and other partners, over 80 health and environmental health professionals across 14 districts have had their capacities enhanced to identify, advocate, plan for and monitor environmental health risks and manage healthcare waste in the Okyeman area. Over 200 healthcare professionals, comprising program planners, information and disease control officers, and physicians have improved knowledge of gender, equity and rights; and the capacity to conduct health inequality monitoring to advance equitable health services.

1

Communicable and Noncommunicable Diseases



1. Communicable Diseases

1.1. HIV, Tuberculosis and Hepatitis

1.1.1 Eliminating mother to child transmission

WHO in partnership with UNICEF and UNAIDS supported the national program to conduct a revision of the tools for conducting audits of all infants born with HIV.

The HIV baby audit tool enables the systematic audit of any mother-to-child transmission of HIV to help healthcare workers and the health system as a whole put in interventions to eliminate mother-to-child transmission. A key outcome of the HIV baby audit tool is providing additional evidence for the country's adoption and implementation of the WHO recommendation to confirm all HIV-positive babies at the point of ART initiation. This will in turn minimize the risk of putting HIV-negative children on lifelong ARV medications while improving confidence in test results and adherence for those positive.

A situational analysis was also conducted to document the status of the country's progress towards triple elimination of mother-to-child transmission using the WHO guidelines for certification was commissioned

1.1.2 Improving HIV testing among men

Ghana has been supported evaluate testing services for men and design specific interventions aimed at improving HIV testing among men.

The interventions include differentiated testing approaches including social network testing targeting key populations and high-risk men such as non-paying partners of sex workers and index partner notification and testing especially for spouses of HIV-positive men. HIV self-test was also scaled up with over 27,950 test kits distributed in 2022.

1.1.3 Resource mobilization to strengthen HIV response

The country office supported Ghana to mobilize over 87 million US dollars to mitigate the impact of COVID-19 on the national programs from the global fund COVID-19 response mechanism (C19 RM). The funds have been essential for maintaining essential HIV services amidst the COVID-19 pandemic. Support and guidance were provided to the CCM for planning of the global fund grant cycle 7 (GC7) grant application.

1.1.4 Supporting community-led actions

Community cadre was supported to provide community support. They are PLHIV trained to provide psycho-social and adherence counselling as well para-legal support for their peers. They also support index partner notification and testing.

The community cadre include: 265 Mentor Mothers in 154 HF's - PLHIV who have successfully completed PMTCT provide peer support to pregnant and breastfeeding women living with HIV 415 Models of Hope in 215 HF's - PLHIV provide peer support to the PLHIV 88 Community Adolescent Treatment Supporters in 47 HF's - Young persons living with HIV trained to provide peer support to other young person living with HIV 206 Case Managers in 153 HF's - Community members trained to support and coordinate the community-led interventions.

furthermore, in the first round of monitoring conducted in 2022, over 5000 PLHIV were reached and provided valuable information on quality-of-service delivery, availability of commodities, stigma and discrimination and human rights issues. The results were first used at the district level by the district health management teams to improve service delivery as well as at the regional and national level.



1.1.5 Making HIV medication accessible

Ghana is being supported to pilot a community ARV refill using community pharmacies and the primary health delivery post system of Ghana called community health planning and services (CHPS). The pilot is in a number of districts and aims to provide information on the acceptability and feasibility of the community based DSD approach in Ghana.

As of November 2022, 243 clients out of 5088 offered the option to pick ARVs within their community had accepted and been referred accordingly

1.1.6 Improving quality of service delivery

Following consistent scale-up of DSD over the past five years, it was important to focus on improving the quality of DSD implementation. Funding and technical assistance were provided to the NACP for the rollout of DSD quality improvement intervention targeting selected low-performing facilities (and some high performing for lesson sharing) in the Ashanti region.

A total of 20 health facilities (200 HCWs) were supported to use quality improvement principles to review their DSD interventions, identify gaps for improvement, evaluate the root causes and develop innovative solutions to help address the gaps.

The intervention is expected to lead to improvement in HIV service delivery indicators in the Ashanti region including the reported proportion of HIV-positive clients initiated on treatment which has stagnated around 51% but is known to be over 80% from validation exercises. n of DSD at health facilities.

Support has also been provided for the revision of national data collection tools including the HIV e-tracker to include DSD quality indicators. Additional support has been provided for the updating of the HIV e-tracker to enable the collection and reporting of viral load data through a viral load data management system.

1.1.7 Supporting community-led actions

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1.1.8 Leveraging data and technology in the fight against HIV

The national programs were also supported to develop and deploy an online training resource on Differentiated Service Delivery and HIV self-testing. As of end of December 2022, over 4000 healthcare workers (doctors, nurses and pharmacist) had taken the courses and been awarded Continuous Professional Education credits for renewal of their practice licenses. WHO support included advocacy for the creation of the platform, resource mobilization from the global fund, development of the training content and review of the final online tool before deployment.

In addition, 30 national-level strategic information officers aimed at improving their capacity for routine analysis, presentation and utilization of HIV data to drive policy decision-making.

1.2 Expanded Programme on Immunization (EPI)



Six months old Sefadzi Akorli from Adaklu in the Volta Region joins millions of Ghanaian children who have received the vaccine against polio variant type 2

WHO provided technical support for the delivery of routine immunization services including the delivery of COVID-19 vaccines to the targeted population, especially, the highest priority-use population. Through WHO's technical and financial support, sentinel surveillance for the monitoring of the impact of Rotavirus and Pneumococcal Conjugate vaccines was sustained. WHO's support for response to outbreaks of vaccine-preventable diseases ensured a break in transmission of the Yellow Fever outbreak that started in 2021 and continued in 2022.

The transmission of the circulating vaccine-derived poliovirus type 2 (cVDPV2) in the country was interrupted through WHO's technical support and coordination of support from other partners of the Global Polio Eradication Initiative (GPEI). As a global lead and for that matter, national lead for health, WHO played a critical role in coordinating support from partners in immunization and vaccine preventable diseases surveillance.

1.2.1 Routine immunization

Through WHO's strategic support, the number of infants who benefitted from life-saving vaccines increased from 1,202,449 in 2021 to 1,226,896 in 2022. This was achieved through the provision of technical and financial support for the development and implementation of microplans to reach every district and community.

The Oti Region, which is one of the new regions in Ghana, was specifically supported to undertake activities to reach underserved communities. The region lies in the Volta Basin with four out of its nine districts surrounded by rivers. The other five districts have significant proportions of hard-to-reach communities with poor terrain, mountains, and valleys. over 320 communities in these districts are either islands or riverine communities which could only be reached by boat. There are also no health facilities in most of these communities. The cost-of-service delivery on these island and riverine communities is high.



WHO, with funding from Gavi, supported the region to undertake stakeholder engagements and media briefings, trained community health nurses and community-based volunteers and conducted mop-up vaccinations in these communities. Over 4,100 doses of vaccines were administered as per the National Immunization Schedule and the Catch-up Schedule.

WHO coordinated in-country partners supporting the implementation of Gavi-funded programmes in Ghana and led the development of Ghana's Multi-Year Targeted Country Assistance (TCA) for 2022-2025.

1.2.2 COVID-19 vaccination

With funding from the US Government, the German Government and the Gavi Alliance, the Ghana Health Service was supported to scale-up COVID-19 vaccination in the country.

WCO supported the country to secure vaccine through the COVAX Facility and was the first African country to have benefited from the facility. Since then, vaccine supply improved with the onboarding of other donors to ensure supply continued.

The total number of vaccine doses administered increased from 7,755,231 in December 2021 to 23,372,989 in December 2022.

The number of people who have completed the primary vaccination series increased from 2,334,010 in December 2021 to 9,736,426 in December 2022.

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.

Check!



Vaccine doses administered increased from 7 755 231 in 2021 to 23 372 989 in 2022



Primary vaccination series increased from 2 334 010 in 2021 to 9 736 426 in 2022



persons receiving at least one dose increased from 5 774 413 in 2021 to 12 792 555 in 2022



WHO Technical Officers observing COVID-19 vaccinations in Ghana

1.2.3 Response to outbreak of circulating vaccine-derived poliovirus

In May 2022, the National Polio Laboratory at the Noguchi Memorial Institute for Medical Research notified the Ghana Health Service and WHO of the confirmation of circulating vaccine-derived poliovirus type 2 (cVDPV2) from environmental samples in Koblimahgu and Nyanshegu in Tamale Metropolis, Northern Region. The outbreak spread to other regions with Greater Accra, Ashanti, and Bono East regions confirming cVDPV2 from environmental samples.

With the technical support of WHO, these outbreaks were investigated and a national response plan, including vaccination response, was developed. WHO provided technical support for the planning, implementation and evaluation of two rounds of national immunization days (NIDs) against polio in September 2022 and October 2022 using the novel oral polio vaccine type 2 (nOPV2). Through this strategic support from WHO, a total of 6,554,790 and 7,653,922 children less than 5 years were vaccinated in Round 1 and Round 2 respectively.

1.2.4 Response to outbreak of Yellow Fever

In the last quarter of 2021, the country confirmed an outbreak of Yellow Fever. WHO supported the investigation and response to this outbreak. However, the outbreak continued to the first quarter of 2022.

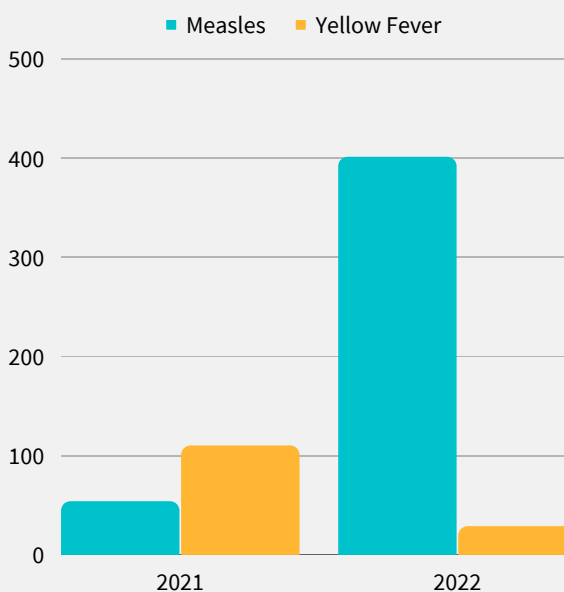
Between 26 February – 02 March 2022, WHO supported the Ghana Health Service to conduct a Yellow Fever reactive campaign in 43 sub-districts in 18 districts in 9 regions. Through this strategic support, 89.3% of persons targeted in the affected areas received protection against the disease.

1.3 Vaccine Preventable Diseases Surveillance

WHO provided financial and technical support in the planning, implementation and monitoring of Polio and VPD surveillance activities in the country. A total of 826 AFP cases were reported with the achievement of the 2 core performance indicators: Non-Polio AFP and Stool Adequacy rates being 6.0 and 90.2% respectively. In the previous year, the Non-Polio AFP rate was 6.0 and the Stool Adequacy rate of 89.6%. The year ended with documentation of 3 cVDPV2 cases, bringing the total to 34 since 2019. No compatible Polio case was reported in 2022.

There were Measles and Yellow Fever outbreaks, during the first quarter of 2022. Out of a total of 3,521 suspected cases of Measles, 401(11.3%) were confirmed positive in 2022. The previous year had 54(1.7%) confirmed cases out of 3,121 suspected. Many focal outbreaks of Yellow Fever were reported in 2021 that spilt over into 2022, with 29 confirmed cases in 2022 as compared with 110 in 2021.

Confirmed cases of measles and yellow fever in 2021 and 2022



1.3.1 Polio Surveillance

WHO with support from Bill & Melinda Gates Foundation and the Takeda Grant supported the Ministry of Health/Ghana Health Service to strengthen routine surveillance in the areas of collection and transport of specimens.

WHO had 4 Surge Officers assigned to 4 regions: namely Central, Bono East, Bono and Western North regions. Stop Transmission of Polio (STOP) Consultants were also assigned to Ashanti Region and the national level to perform field activities and data management respectively. The other regions had CDC and IMS Health, Quintiles, and VIA (by way of) [IQVIA] supporting with the deployment of Surge Officers from January to September 2022. Surge Officers provided support for routine surveillance, COVID-19 and Yellow Fever response activities.

The Western North Region conferred an award of recognition to the WHO Surge Officer for meritorious achievement.

The work of the various Polio Eradication Initiative committees; the National Certification Committee (NCC), the National Polio Expert Committee (NPEC) and the National Taskforce for Laboratory Containment (NTF) culminated in steering eradication activities. There were 2 NTF, 2 NCC and 6 NPEC meetings during the course of the year.

Environmental Surveillance Sites contributed immensely to the detection of Polioviruses. The Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) detected at the outset of the 2022 episode were from environmental samples at Nyanshengu and Koblimaghu. Subsequently, sites located at Asokore-Mampong (Ashanti) and Techiman (Bono East) also confirmed cVDPV2 events. The Kpandu site got closed due to non-yielding samples.

1.3.2 Missions to Support Polio Surveillance

In order to address challenges, including orientation of new members on the functions of NPEC, the Secretariat supported by WHO-AFRO and the Africa Regional Certification Commission (ARCC) organized an orientation meeting for NPEC members from 18-19 May 2022. Participants were updated on roles of the Lab, the Secretariat, NTF and NCC in relation to work of NPEC and streamlining of the AFP classification process.

A procurement mission by AFRO assessed the Polio laboratory within the period of 18 to 22 July 2022. The findings suggested among other things, need of getting adequate staff (logistician) and change of obsolete equipment (sequencer).

There was facilitation of a technical support mission conducted to Ghana to assess Environmental Surveillance (ES) sites between the period of 21st November to 02nd December 2022. The objective included assessing the functionality of existing ES sites and providing training for sample collection and transportation to the laboratory.

1.3.3 Technical Support visits to Regions

Technical support supervision was conducted in Upper West Region. Key activities included investigating high Non-Polio AFP rates in districts and conducting a risk assessment for a documented Compatible Case. The inappropriate use of case definitions and wrong denominator population estimates were identified as important causes of the high Non-Polio AFP rates.

The WHO Country Office also supported in the investigation of the cVDPV2 event in Asokore-Mampong in the Ashanti Region. This led to a high index of suspicion to detect AFP cases in adjoining districts. Gaps identified in the surveillance system were addressed.

Way Forward

- Print and distribute Polio Surveillance Guidelines
- Update list of prioritised surveillance sites for 2023
- Discussions with national level in establishing an efficient sample shipment to the laboratory and an effective specimen container return system
- Support Field visits by National Certification Committee members to high priority/risk areas
- Organise review meetings for all Environmental Surveillance sites in
- Continue advocacy on intensifying Integrated Supportive Supervision and documentation of such visits by use of the ODK platform

1.4 Malaria and Neglected Tropical Diseases



1.4.1 Support for malaria strategic documents review

WHO in collaboration with partners provided technical support for the Malaria Mid-Term Review of the 2021-2024 National Malaria Strategic Plan and the country self-assessment for elimination using the standard WHO Protocol. The reports informed the first-generation national malaria elimination strategy 2024-2028 under finalization which also showed evidence of a marked reduction in the burden of Malaria.

In addition, Ghana has been supported to develop and revise tools and guidelines in Malaria and Neglected Tropical Diseases for use by relevant health workers.

These included:

- The development of the Standard Operating Procedures for the Malaria Slide Bank,
- The revision of the Antimalaria Treatment Policy (in line with the 2022 WHO recommendations)
- The adoption and adaptation of the Guidelines for Leprosy Contact Tracing and use of Single Dose Rifampicin for Post-exposure prophylaxis.

These guidelines are all in use by the relevant cadre of health workers to provide health services.

1.4.2 Neglected tropical diseases

Technical support was provided for the disease elimination efforts of the country with focus on Guinea Worm which is in the post-certification phase and for the certification for the elimination of Human African Trypanosomiasis as a Public Health Problem. A dossier officially submitted by the Ministry of Health underwent rigorous evaluation by the global expert group. The document had reached the final stage of review as at the end of the year.

For post-certification activities on Guinea worm, WCO provided funding and technical support for the regional dissemination of the 2021 Guinea Worm Case Search survey. This dissemination served as capacity building and awareness creation for staff on Guinea Worm disease surveillance.

A WHO-supported workshop organized for clinicians and laboratory specialists at the sentinel sites built their capacity for continuous surveillance of HAT

1.5 Non-Communicable Diseases and Mental Health

1.5.1 International Strategic Dialogue NCDs SDGs



Dignitaries at the International Strategic Dialogue on NCDs and the SDGs

An International Strategic Dialogue (ISD) was held on the 12th of April, 2022 to raise the profile of the noncommunicable diseases (NCDs) agenda within the SDGs in Ghana, and internationally, and bring together national and international actors and partners to exchange knowledge and ideas with key stakeholders from the public and private sectors, the academic and business world, and international development experts.

The dialogue was cohosted in Ghana by the President of Ghana, the Prime Minister of Norway and the Director General of the WHO. Various Heads of States, government officials, representatives from academia, civil society and advocacy groups participated in the dialogues. There was a total of 250 in-person participants and over 1700 participants online.

WHO with the support of the Norwegian government and the Government of Ghana launched the global NCD compact 2022-2030 during the ISD to accelerate efforts toward the achievement of NCD-related SDG targets.

The global NCD group of Heads of State and government, a group of heads of states committed to NCDs prevention and control was also launched during the ISD to raise the political visibility of non-communicable diseases prevention and control globally. This culminated into the first meeting of Heads of State and government held on the 21 September 2022 at the 77th UNGA.

1.5.2 First gathering of the Global group of Heads of State and Government on NCDs

Following the launch of the Global Group of Heads of State and Government on NCDs during the ISD in Ghana, the group held its first annual meeting at the 77th UN General Assembly in New York. The meeting was hosted by Mr Michael Bloomberg, the WHO NCD ambassador and chaired by H.E Nana Addo Dankwah Akufo-Addo, President of the Republic of Ghana and attended by WHO Director General and other Heads of state.

The first gathering of Global group of Heads of State and Government on NCDs called for global action by Heads of State to achieve the NCD-related SDG goals. Dr. Tedros renewed the two-year appointment of Michael R. Bloomberg as WHO Global Ambassador for Noncommunicable Diseases and Injuries who pledged continued investment in NCDs. This meeting, the first of its kind, provided global visibility for Non-communicable diseases prevention and control at the highest political level and on an important global stage such at the UN General Assembly.



The President of Ghana, WHO Director-General and other leaders at the First Gathering of Heads of State and Government on NCDs

1.5.3 National Round table meeting on NCDs

The National round table meeting on Non communicable diseases was held to bring together NCD stakeholders to discuss the non-communicable disease agenda in Ghana and garner support for the NCD policy and strategy. This meeting was chaired by the Minister for Health of Ghana, Hon. Kwaku Agyeman-Manu and attended by the WHO Africa regional Director Dr. Matshidiso Moeti.

WHO with the support of the Norwegian Agency for Development Cooperation (Norad), Ministry of Health and Ghana Health Service launched the National NCD Policy, multisectoral action plan and the WHO-Norad Kente project at the National Strategic Roundtable meeting. The event resulted in partner collaboration and support for the NCD policy, strategy and implementation of the Norad project. It has also galvanized donor interest and support as demonstrated by the recent support from the World Diabetes Foundation for Diabetes Prevention and treatment in Ghana.

1.5.4 Enhancing the capacity of primary healthcare workers for the prevention and treatment of NCDs



A midwife in Sunyani using the WHO-PEN module to educate women about cervical cancer

Using the adapted WHO package of essential noncommunicable modules (WHO-PEN), capacity-building exercises were carried out in four additional Norad implementing districts: Central, BonoEastern and Northern regions. Primary healthcare workers including medical officers, physician assistants, nurses and health information officers were trained using the WHO PEN modules, and mhGAP) which are simplified tools for delivering cost-effective interventions for NCDs at the primary healthcare level.

WHO with the support of Norad and GHS trained 515 healthcare workers using the WHO PEN modules including the mental health Gap action programme (mhGAP) modules. This is contributing to improved NCD diagnosis and service delivery at the primary healthcare level as evidenced by increasing screening, referral and diagnosis reporting in the DHIMS in NORAD implementing districts.

Check!

515 primary healthcare workers are now using the WHO-PEN module to prevent and control NCDs

1.5.5 Improved NCDs surveillance systems

Due to the poor data collection and reporting on NCDs, various interventions were rolled out to improve surveillance in Ghana.

Screening and referral registers have been developed and deployed in the NORAD implementing districts. This has ensured that for the first time, screening data on NCDs is captured in the District Health Information Management Systems (DHIMS), the national health reporting database. In addition, outpatient department (OPD) registers have been modified to include NCD-specific data such as blood pressure, height, weight and BMI. This has generated a lot of data on these parameters which were initially not measured.

Furthermore, community screening services for hypertension, diabetes and cervical cancer were carried out for over 5000 people (in 3 districts (Birim Central, Sekyere South and Gonja West).

Also, a new set of NCD indicators has been defined and an e-tracker developed for patient tracking. This would improve surveillance and patient monitoring for NCDs.

Finally, a capacity assessment for NCDs Service Delivery at the PHC level for 6 Regions was conducted (Central, Savannah, Ashanti, Northern, Bono, and Eastern). Findings are relevant for planning and completing the modelling process for the scale-up of NCDs services.

Check!

5000 people screened for hypertension, diabetes and cervical cancer

1.5.6 Using data to drive NCDs interventions



Students in Sekondi-Takoradi taking part in the school health survey

Using Sekondi-Takoradi as the target sub-national location, this WHO with support from Fondation Botnar is implementing a project aimed at generating health-related information, among adolescents ages 13-17 years through school-based surveys.

In order to conduct a successful survey, WHO facilitated and participated in a 3-day training workshop for data collectors. A total of 19 survey administrators and 6 survey coordinators were trained.

WHO also supported the coordination and monitoring of data collection for the Ghana School Health Survey(GSHS), and the distribution of accelerometers for the data collection process. A total of 776 accelerometers were distributed to accelerometer schools and 3512 questionnaires were successfully administered to the students from 37 participating schools

1.5.7 Development of Childhood cancer treatment guidelines

In order to standardize the treatment of childhood cancers nationwide, technical working group meetings were held to develop childhood cancer treatment guidelines. WHO with the support of St Jude Global, MOH and GHS and the Childhood cancer society of Ghana developed standardized childhood cancer treatment guidelines to ensure standard quality of care for childhood cancers nationwide. This document will also serve as a guide for the inclusion of relevant childhood cancer medication on the essential medicines list.

This comprehensive guideline developed was further broken down to an abridged version suitable for use at the primary healthcare level. The guidelines have been validated and are yet to be disseminated.

1.5.8 Development of social and behavioural change communication (SBCC) materials

Childhood cancers when detected early can be cured. To improve early detection, healthcare workers and the general public need to be sensitized on signs and symptoms of childhood cancers. Due to the low awareness about childhood cancers in Ghana, it was imperative that SBCC materials be developed and disseminated to all regions in Ghana to improve awareness and aid early detection and referral to treatment centres.

WHO with the support of St Jude Global, MOH, GHS, the Childhood cancer society of Ghana and World Child Cancer developed SBCC materials for childhood cancers. 2000 posters, 10,000 leaflets and 500 flipcharts have been printed and will be distributed soon. These communication materials will serve as reference documents for healthcare workers and improve communication about childhood cancers between healthcare workers and the general public.

1.5.9 Mental Health

Ghana was selected to be part of the WHO Director General's Special Initiative for Mental Health (DG-SIMH) in 2021. The initiative seeks to ensure universal health coverage involving access to quality and affordable care for mental health conditions to 5.2 million more Ghanaians. The initiative will advance policies, advocacy and human rights, and scale-up quality interventions and services for people with mental health conditions, including substance use and neurological disorders.

With support from Norad, WHO conducted and documented a Country Baseline Report on mental health, developed a four-year country work plan following a wide stakeholder consultation, and a narrative report to guide the implementation of the activities under the SIMH in Ghana. The initiative was successfully launched among a wide stakeholder group in July 2022, attended by the Deputy Minister of Health the Hon Mahama Asei Seini.

The SIMH is transforming the mental health service in the Western North and Savannah regions through the introduction of the initiative among wide regional stakeholders and the development of region-specific workplans to guide the implementation of activities under the initiative.

This has supported the Western North region to strengthen person centered human rights-based care for persons living with mental health condition, intellectual and cognitive disabilities through the training in the QualityRights initiative using the face-to-face approach for 65 (male= 48, F= 17) persons including health, social welfare, health training institutions and persons with lived experience of mental health conditions.

WHO collaborated with Epilepsy Pathway Innovation in Africa funded by the National Institute of Health Research, the UK in collaboration with the University of Oxford created awareness on key aspects of epilepsy care including care pathways, medicine access and integration into Non-Communicable Diseases, Neglected Tropical Diseases Programmes and the Special Initiative Mental Health project.



1.5.10 Quality Rights Initiative

The QualityRights Initiative Project aimed at improving access to good quality mental health services and promoting the rights of people with mental health conditions, psychosocial and intellectual disabilities in Ghana. The initiative was implemented from 2019 to September 2022 ensuring that people with mental health conditions, psychosocial and intellectual disabilities in Ghana regardless of gender orientation can access quality mental health services and enjoy their human rights.

WHO with support from the Foreign Commonwealth Development Office (FCDO) has strengthened the mental health service by supporting seven (7) facilities to successfully develop mental health care service transformation plans in line with human-rights-based approach following a gap analysis; the plans have been implemented and have undergone another assessment to document the improvement made.

The project, through the QualityRights Initiative, has successfully created awareness among 22,210 individuals (including 9900 females) who have earned a certificate in the e-training. These individuals are using their knowledge to promote a human rights-based approach to mental health care among healthcare professionals in training and in active service, persons with lived experience and their caregivers, civil society, religious leaders, and community members.

The WHO supported the MOH for the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) study ([WHO-AIMS Report for Ghana](#)), disseminated on 17 November 2022. The report highlights the established governance structures for mental health in line with the Mental Health Act, 2012 and the legislative instrument and the available policy documents. In terms of human resources for mental health care, although there has been significant improvement in the numbers of some key staff such as psychiatrists from 18 in 2011 to 39 in 2020, this does not commensurate with the population growth over the decade. The report provides information for advocacy and guidance on challenges and opportunities for strengthening the mental health system of Ghana.

A high-quality engaging [picture book](#) to showcase the activities of the QualityRights initiative has been developed and widely distributed online and also in print for key stakeholders including the FCDO, MoH, MHA and GHS.

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 2022 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.

2.1.1 The 2023- 2030 Ghana Health Financing Strategy

WHO, in collaboration with the Ministry of Health, with support from UN Multi-Partner Trust Fund (UN-MPTF) and donor partners supported the development of the Ghana Health Financing Strategy (HFS) in 2022. The Health Financing Strategy (HFS) builds on the foundation of health vision, policy, and priorities contained in the UHC Roadmap and Health Sector Medium-Term Development Plan (2022-2025).

Leveraging on a multi-sectoral approach, five key and longstanding health financing issues were themed out for further exploration and development of HFS options and solutions. These were identified through UHC Roadmap, Ghana HFS experience or global health financing experience. These five key issues, were addressed during the health financing retreat, attended by the Health financing technical working group, in October, complete with strategies and actions.

Five key health financing issues addressed in the HFS

- 01 **PHC Structure and purchasing of services**
- 02 **Service provider autonomy, management and accountability**
- 03 **National Health Insurance Levy cap and delays in transfer**
- 04 **Relationship between compensation and operating costs**
- 05 **Population-based public health allocation**



Stakeholders sharing ideas on Ghana's health financing strategy

2.1.2 Strengthening Health Economics Programme

Under the Joint UN-Multi-Partner Trust Fund project, the WHO is strengthening the health economics, research and data analytics capabilities of the Ministry of Health and its agencies towards achieving UHC. In Ghana, this is being done through a partnership with the Department of Health Policy, Planning and Management of the School of Public Health of the University of Ghana to train Ministry of Health staff to acquire a Master's in Health economics. The package includes tuition for the selected staff, a research stipend and support to build the capacity of the Department.

Graduates of the Masters of Health Economics will support the MOH through expenditure tracking, economic analysis, economic evaluations, and data analytics to build robust, resilient, and responsive health systems and services that can sustain equitable delivery of integrated packages of essential services of good quality, that enable vital access for all individuals, communities, and populations.

The first cohort of students, which was a mixture of fee-paying and WHO-sponsored students, was selected using rigorous but fair selection criteria and matrix. The 20 students went through prescribed core and electives for the course which included the fundamental of health economics, applied health economics, Research methods, equity in Health, macroeconomics, Economic evaluation and health policy and systems analysis.

To offer experimental learning from allied institutions, the students undertook a three-week field practice, where there were given a broad overview of activities of the various allied institutions.

Check!

**20 students completed
WHO-Sponsored
Masters of Health
Economics Programme**

2.2 Human Resources for Health

2.2.1 Human Resources for Health

WHO, with support from the 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 2022 Programme of Work, this seeks provide an 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.

To deepen the country-level dialogue and consensus on the scope and approach to HLMA, a steering committee and a technical Committee were inaugurated. Chaired by the Director of HRH, MOH, the steering committee has a membership of the Human Resources for the health steering committee, Ministries of Finance, Education, Health Professional Regulatory Bodies, the Statistical Service, Economic Planning, Labour, the Civil/Public Service, health training institution, WHO and Development Partners (DPs).

A stakeholder sensitization meeting was held with policy makers drawn from the Ministries of Health, Finance, Education and Local Government, Human Resources Managers and health care professionals from the service delivery agencies(Ghana Health Service, Christian Health Association of Ghana, Teaching Hospitals, Private Sector, Quasi health organisations and Regulatory bodies), health educational institutions and Non-Governmental organization with interest in Human Resources and Health to build consensus on the rationale for Ghana HLMA and identify policy questions which will drive the HLMA.

In November 2022, a workshop with the technical working group was conducted to frame the policy questions, discuss possible scenarios and built consensus on an indicator matrix to guide the data collection. Based on the agreed scope and approach, participants conducted a preliminary assessment of data availability and suitability, to inform primary data collection.

Primary data collection has since been completed. The next step will be to subject the data to analysis and modelling. The information will be used by policy and decision-makers at both the national, regional and district levels and health facility managers.

2.2.2 Platform for Leadership for Health Transformation in Africa-Ghana



An all female cohort taking their turn at the WHO leadership training

In 2022, WHO in collaboration with the MOH, had three cohorts of senior management undergo leadership training as part of the WHO Leadership for Health Transformation programme. In all, 82 senior officials of the Ministry of Health and its agencies, have improved their management competencies.

With support from the Department of Health and Social Care, UK (DHSC-UK), and to achieve 60% representation by women, Cohort 3, which was made up of 27 participants, had 100% female participation.

The four-month programme is designed to combine strategic, tactical, and personal content into an integrated approach to leadership. This approach includes pre-workshop assignments of completing a Strengthfinder and 360 feedback instruments, a four-day in-person workshop to discuss topics including appreciative leadership, system thinking, effective team building, emotional intelligence and self-awareness.

Check!

82 senior managers and leaders in the health sector have improved their management competencies.

2.3 Strategic Health Information

2.3.1 Ghana Conducts Harmonised Health Facility Assessment

With the support of the German Government, Ghana has completed the WHO Harmonized Health Facility Assessment (HHFA) data collection exercise of 1421 facility types across the 261 districts as part of efforts in the health sector to strengthen and improve healthcare delivery systems and ensure equitable access to quality basic health care in the country. The assessment is a comprehensive survey of service delivery availability and readiness, care processes and pre-requisite of care at all levels of health delivery.

The results of the survey will help determine the status of Ghana's service delivery and identify gaps in service availability and readiness in the country. The results will indicate whether health facilities have the appropriate systems in place to deliver services at the required standards of quality.

Check!

- Held an engagement and Orientation on HHFA for 60 stakeholders
- 60 people trained at Adaptation Workshop for all HHFA modules
- 25 data managers have improved their capacity
- Build capacity of 20 data collectors in a Trainers of Trainees
- 120 HHFA Data Collectors and Regional Supervisors Trained
- Pilot Testing in 13 Facilities
- Data collected for 261 districts including over 1421 facility types and ownerships
- 25 people trained on data cleaning and analysis workshops for

2.3.2 Making districts functional for UHC attainment: Lessons from Ghana

Ghana with the Support of the Canada Government initiated a self-assessment process to understand the functionality of districts to deliver on health results.

The assessment was conducted by health managers in 33 districts during August – October 2022 using tools pre-developed by the World Health Organization. Functionality was explored around service provision, oversight, and management capacities, each with defined dimensions and attributes. The objective of the study was to highlight specific functionality improvements needed by districts in terms of investments and access to service delivery in achieving Universal Health Care. The study is self-evaluation and findings will help the districts for planning purposes after identifying areas that need improvement.

The results showed a lack of correlation between functionality and performance as is currently defined in Ghana; a higher functionality of oversight capacity compared to service provision or management capacities; and specifically low functionality for dimensions relating to capacity to make available quality services, responsiveness to beneficiaries and the systems & structures for health management.

The findings highlight the need to shift from quantitative outcome indicator-based performance approaches to measures of the total health and well-being of beneficiaries. Specific functionality improvements are needed to improve the engagement and answerability to the beneficiaries, investments in access to services, and in building management architecture.

2.3.3 Implementation of quarterly surveys on service readiness and demand

With Support from The Canada Government, the country office continues to support the Ghana Health Service to implement the assessment surveys of facilities. The survey continues to help identify, prioritize and address the gaps in infection prevention and control (IPC) capacity in managing Ghana's response to COVID-19. To inform and enhance national preparedness to respond to the evolving COVID-19 while maintaining other essential health services across the life course, the country office provided financial and technical support to Ghana to implement selected modules of the WHO Suite on a recurrent basis.

Specifically, Ghana has implemented 3 rounds of the following modules: hospital readiness and case management capacity for COVID-19; continuity of essential health services – facility assessment, and continuity of essential health services; and community needs, perceptions and demand – community assessment tool. These modules are implemented on a quarterly basis to assess the current, surge and future capacities of health facilities as the COVID-19 pandemic evolves

Results on Round One and Round Two survey overall Continuity of Essential Health Service scores indicate that overall, Ghana scored above 60 on three indicators: EHS medicines, diagnostics and vaccine capacity (67%), financial management (65%) and COVID-19 prevention (62%). The last score was in COVID-19 management in primary care (14%). There is a critical need to improve on COVID-19 management in primary care to enhance surge capacity.



2.3.4 Ghana Migrates to International Classification of Diseases 11 Reporting

In May 2018, the World Health Assembly recommended that, by January 2022, all countries should be using the International Classification of Diseases (ICD-11) for classifying and coding diseases and causes of death.

In order to ensure that Member States such as Ghana in the African Region keep pace with these developments, The country office with support from Afro provided technical support for Ghana to Migrate to ICD11 from January 2022.

Ghana was able to meet the deadline of January 2022 for a full transition from ICD-10 to ICD-11 for mortality reporting by all its facilities on the national HMIS platform. We continue to provide technical support to regional teams to implement full ICD11 reporting.

In 2022, WHO with support from the Canada Government provided regional-level facility onsite support and training for 76 participants (clinicians and physicians, regional and district health information officers) on ICD11 reporting for cause of death. This will ensure the harmonized and standardized recording and reporting of cause of death in the region.

2.3.5 Ghana Migrates to International Classification of Diseases 11 Reporting

The main objectives of a National Health Observatory (NHO) are to improve the availability and use of information and evidence on health status and trends and its social determinants for policy dialogue and to monitor and evaluate the implementation of national strategies and plans. The WCO office through AFRO has been supporting the Ministry of Health Ghana, and the Ghana Health Service to re-establish the National Health Observatory as part of the integrated African Health Observatory.

A fully actualized Integration of the African Health Observatory (iAHO) is envisioned as a system that enhances the availability and application of data and research for policy debate and health decision-making, as well as monitoring and assessing the execution of programs, national strategies and plans, and efforts to develop and strengthen health systems.

iAHO deployed a web-based application known as the Data Capture Tool (DCT). However, some countries may have a heavy burden due to the DCT interface with the national data update rate.

The country office supported the integration of District Health Information Software version 2 (DHIS2) and other external data sources with the iAHO REST Application Programming Interface (API). The enhance integrated platform is intended to maximize the use of data acquisition turnaround time through real-time automated access to credible data sources at the national, regional, district and facility levels.

Ghana supported the integration of DHIS2 platform with the country NHO platform with the technical support of AFRO. This will also serve as a platform for member countries to generate the required information and data for respective National Health Observatory.

2.4 Quality and Safety

2.4.1 Decentralization of Safety Monitoring of Medicines and Vaccines



WHO collaborated with the Ghana Food and Drugs Authority to address Medicines and Vaccines Safety issues for Public Health Programmes. With support from the Canadian Government, WHO and the Food and Drugs Authority have built the capacity and skills in vaccine pharmacovigilance and reporting of adverse events following immunization (AEFI) in health workers at the lower levels of care.

This is part of the FDA's Decentralization of Safety monitoring to the lower levels of care that is aimed at increasing the adverse event following immunization (AEFI) reporting rate leading to possible early identification of any safety issues with vaccines approved under Emergency Use Authorization, especially the COVID-19 vaccines.

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The activity complements the efforts in the previous years bringing the total of health workers trained at the lower levels of care to 300. The training was conducted in selected districts in additional five Regions namely the Volta, Oti, Ashanti, Western and Western North for a total of 150 health workers comprising disease control and surveillance officers, physician assistants, mental health nurses, public health nurses and pharmacists.

2.4.2 Development and Review of COVID-19 Treatment Guidelines and Medicines List

Ghana published three editions of the COVID-19 Treatment Guidelines and Essential medicines List between 2020 and 2022.

WHO provided technical support to the Ministry of Health to update COVID-19 Standard Treatment Guidelines and Essential Medicines List (STG/EML) in alignment with the WHO COVID-19 Living Guidance for COVID-19 to produce the third edition of the guidelines.

The documents served as a guide to practitioners for the management of the various severities of the COVID-19 disease and still serve as a guide for practitioners in both the public and private sectors. The development of the priority list of Medical Devices, in vitro diagnostics and assistive technology, is prioritized for 2023 with support from WHO AFRO.

2.4.3 Support to Supply Chain Management

WHO with support from the Canadian ACTA supported the Ghana Health Service to strengthen its supply chain system. WHO assisted in the development of a procurement handbook and a procurement management system software, as well as training relevant staff on the use of both tools. The procurement handbook was developed to serve as one of the primary documents to standardize the preparation of procurement plans for programmatic efficiency throughout the organization.

A Procurement Management System was also developed to provide coordinated efficiency and effectiveness in procurement processes significantly reducing the man hours spent by 50%, reducing wastage, facilitating decision-making, and promoting real-time end-to-end visibility of processes within the procurement system and thus facilitating proactive management of system bottlenecks that affect procurement efficiencies including tendering and contracting processes and ultimately service delivery.

2.4.4 Support Quality of service delivery

With the support of the European Union, WHO supported the review of the Patient Referral Policy of Ghana. The referral system ensures that patients can access care at the primary (lower) levels and be referred promptly for secondary or tertiary care if required. To strengthen the system in Ghana, the Referral Policy was developed through a collaborative approach led by the Ministry of Health and its key stakeholders in 2012.

With the technical support of the WHO, a situational analysis of the referral system in Ghana was conducted. Following by the preparation of the draft new referral policy. This policy is intended to provide an enabling framework for both public and private health facilities, organizations and individuals to undertake effective and efficient patient referrals from one facility to the other for more responsive patient-oriented care. It covers the period 2022-2030.

2.4.5 Patient Safety Strategy

WHO with support from European Union supported the preparation of the patient safety strategy of Ghana, with the aim to prevent and reduce risks, errors and harm that occur to patients during the provision of health care.

Ghana had previously lacked policy on Patient Safety. To help address this, a situational analysis on Patient Safety was conducted in 2021 involving 27 health facilities in nine (9) regions in Ghana - 3 each in the northern, middle, and southern zones with funding support from the European Union. The situational analysis informed the preparation of a National Patient Safety Strategy aligned to the WHO Global Patient Safety Action Plan (2021 -2030). The document is expected to guide actions for promoting patient Safety in Ghana across all levels of the healthcare system.

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2.5 Fight Against Antimicrobial Resistance (AMR)

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

WHO Special Programme for Research and Training in Tropical Diseases (WHO/TDR) support to MOH AMR Platform facilitated and enabled the active mentorship of 12 researchers (5 female) in one health, (7 more researchers compared to 4 in 2020).

WHO/TDR achieved the following:

- The capacity of 12 researchers on operational research built with a 100% completion of all modules and a 92% (11 in 12) research publication rate in a peer review [journal](#) exceeding the 80% global SORT IT publication target set. The addition of eleven more evidence-based pieces of information to the body of knowledge on AMR for decision-making.
- The knowledge management session has strengthened the capacity of researchers to produce targeted materials and tools for effective research communication to different stakeholders. [SORT IT - Communicating research findings with impact - YouTube](#)

Following the training, researchers have published additional papers while the majority have now been placed as the operational research mentors and focal points in their institutions. The summaries on human health were presented to the national medicines selection committee of the MoH for consideration as part of the evidence to inform the review of infectious disease treatment in the national standard treatment guidelines.

2.5.2 Submission of AMR data to the WHO Global Antimicrobial use and Resistance Surveillance System

WHO provided coordination support to the Global Antimicrobial Use and Resistance Surveillance System (GLASS) Focal point and the Ministry of Health to successfully input annual 2021 data from designated Fleming sentinel sites into GLASS portal for the second year running. This has contributed data to the global repository for surveillance actions on selected bacteria. Ghana now contributes data on priority pathogens to the global repository due to WHO's consistent support.

Over 12 000 AMR blood culture data from nine (six more facilities compared to 2020) sentinel sites were collated, cleaned, analyzed and uploaded onto the GLASS platform.

The total number of enterobacterales obtained from bloodstream infections from national AMR surveillance is 488. The proportion of 3rd generation cephalosporin resistance was 36.07%. The total number of E. coli obtained from bloodstream infections was 132 with 40.15% showing 3rd generation cephalosporin resistance.

Check!

12 000 AMR blood culture were collated, cleaned, analyzed and uploaded onto the GLASS platform.

2.5.3 WHO Tricycle Extended Spectrum Beta Lactamase Escherichia coli (ESBL E. coli) Project – 2022 round of data collection

WHO's support is gradually establishing AMR surveillance and awareness of ESBL E. coli. The 2022 surveillance of the human health sector showed that:

- Out of 100 faecal samples collected from healthy pregnant women, 96 pure isolates of Enterobacterales were recovered with ESBL E. coli prevalence of 65.6% (63/96), compared to 60% (55/91) in 2021.
- Of 3723 routine blood cultures collected, 247 (6.6%) were due to probable pathogens with 46 (18.6%) being E. coli of which 27 (58.6%) were ESBLs. The prevalence of ESBL E. coli in blood cultures for 2022 was 0.72% (27/3723) compared to 0.6% (n = 33/5337) in 2021.

2.5.4 Submission Tripartite AMR Country Self-Assessment Survey (TrACSS)

WHO with support from AFRO supported the Ministry of Health AMR Secretariat, facilitated, and coordinated key stakeholders in one health to successfully fill and submit one officially validated online response which assessed the level of implementation of the national action plan on AMR in Ghana. This assessment showed gaps in implementation which will guide the review of and the development of the second edition of the national action plan on AMR in 2023.

2.5.5 Enhancing capacity on whole genome sequencing (WGS)

With WHO support, 30 laboratory officers including focal points on the ESBL E. coli project have acquired knowledge and hands-on practical skills on WGS. Officers are now better able to appreciate tools used for WGS, identification of bacteria, detection and tracking evolution of AMR and virulence gene markers and interpret sequenced data generated from online databases. This initiative has generated interest and the Noguchi Memorial Institute for Medical Research intends now running this as a course.

Check!

30 laboratory officers now have capacity for the identification of bacteria, detection and tracking evolution of AMR and virulence gene markers

2.5.6 World Antimicrobial Awareness Week (WAAW) 2022 Celebration



The WHO in collaboration with the national secretariat on AMR, supported the official launch of the 2022 World Antimicrobial Awareness Week celebrations at the MoH. The annual advocacy in one health, and support, has increased education and awareness activities among organized groups, notably hospitals, civil society and professional bodies. The continual advocacy and technical support provided by the WHO over the years has increased the number of facilities in one health that have become proactive on WAAW activities, hitherto limited to the MoH and development partners.

2.5.7 The Antimicrobial Resistance Multi-Partner Trust Fund (AMR MPTF) project

WHO and partners have strengthened Ghana's capacity for designing and implementing policy frameworks, investment plans, and programs related to antimicrobial resistance (AMR) in several ways. With WHO support, an M&E consultant was recruited and conducted a comprehensive data mapping exercise and developed an evaluation framework to support the M&E of AMR National Action Plan (NAP) implementation. Following this, AMR M&E software and a digital dashboard for monitoring AMR NAP and AMR Multi-Partner Trust Fund (MPTF) indicators are developed. A total of 28 AMR focal persons were trained to use this software. As a result, MoH AMR Secretariat is now better able to track and consolidate in one health, activities on AMR in the country.

With support from WHO, antimicrobials in the Ghana standard treatment guidelines were analyzed and classified according to the WHO AWaRe classification of antimicrobials. The Ministry of health's Ghana National Medicines Select Committee has adapted the classification list of Antimicrobials for Ghana to ensure optimized prescribing and dispensing of antimicrobials, as well as inform the next review of the Ghana standard treatment guidelines.

With the AMR MPTF support and in collaboration with the FAO, Ghana has implemented a monitoring mechanism to track antimicrobial use (AMU) in terrestrial animals, fisheries, and plant health. This involved conducting workshops to identify and review tools for on-farm data collection, developing and validating templates, and migrating them into a mobile application. The app is currently being used for data collection in poultry, piggery, aquaculture, hatcheries, and veterinary clinics. Training was provided to 107 farmers and 36 veterinary officers from seven regions prior to the app's rollout. An end-of-year assessment of data in 2022 demonstrated an overall strengthening of Ghana's system for generating, analyzing, and interpreting on-farm AMU data.

Additionally, the World Health Organization (WHO) supported the implementation of an integrated surveillance protocol for ESBL E. coli in one other region of Ghana. Assessment of sites was completed, and three sites identified, trained, and supported for conducting surveillance in the areas of human, animal, and environmental health.

WHO is supporting the MOH in the assessment of laboratory capacity for culture and sensitivity testing, as well as capacity for hospital-based AMR surveillance in collaboration with the University of Ghana Medical School, Department of Microbiology. The assessment involves using a systematic sampling method to select a nationally representative sample of teaching hospitals, regional hospitals, and district hospitals from across the country's southern, middle, and Northern belts, using the WHO Laboratory Assessment of Antibiotic Resistance Testing Capacity (LAARC) tool. This has provided an opportunity for continuous improvement of Ghana's AMR laboratory network to achieve international standards among the 20 participating microbiology laboratories nationwide.



The AMR MPTF support also facilitated the collection and review of sales data on antimicrobials for animal use. Stakeholder workshops were organized, leading to the development of standard tools and methodology for collecting antimicrobial sales data in the animal sector. Data collection began in October 2022 by staff from the veterinary service division. This is filling the gap of the lack of antibiotics consumption data in Ghana and is promoting relevant interventions to combat the rising trend of AMR.

Ghana, with the catalytic support of AMR MPTF tripartite partners, achieved a significant milestone by developing national biosecurity standards to enhance antimicrobial stewardship at the farm level for piggery and aquaculture. A collaborative effort involving stakeholders and industry players resulted in the drafting of comprehensive biosecurity guidelines, which were then validated through wider stakeholder workshops. Corrections and recommendations from stakeholders were incorporated, and the biosecurity guidelines were subsequently approved and adopted for the country.

The plant sector also received support from AMR MPTF in the form of steps taken to develop and adopt integrated pest management (IPM) strategies. A Knowledge, Attitude, and Practice (KAP) study was conducted among vegetable farmers and Agrochemical shop owners to establish a baseline understanding of antimicrobial use (AMU) on farms. Data collection has been completed, and data analysis is currently ongoing. The findings from this survey will inform targeted interventions to address AMU in the plant sector.

WHO's support addressed a critical gap by providing infection prevention and control (IPC) training to private medical facilities that were not included in the government-sponsored IPC training. In this pilot initiative, fourteen high-volume private health facilities in Accra were trained on the Ministry of Health's IPC document and AMR. This marked the first-ever organized training on IPC for members of the Association of Private Medical Practitioners in Ghana. Trainees were equipped with the necessary knowledge and support to conduct baseline assessments of water, sanitation, and hygiene (WASH) practices in their respective health care facilities and develop plans for improving IPC.



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

2.6.1 Implementation of Quality of Care (QOC) standards for improving Maternal, Newborn and Child Health (MNCH)



WHO Technical Officer holding a newborn in one of the facilities implementing QoC

With funding from the Bill and Melinda Gates Foundation (BMGF) and the UK Department of Health and Social Care (UK-DHSC), eight regions of the country (Volta, Oti, Central, Greater Accra, Ahafo, North-East, Savannah and Western North regions) were oriented/ supported with the capacity building for the implementation of Quality of Care (QOC) for Maternal, Newborn and Child Health while continuing with assistance to the other eight regions who had been receiving support in the previous years.



WHO Technical Officers observing a newborn in one of the facilities implementing QoC

Check!

500 healthcare providers are equipped with knowledge and skills in Point of Care Quality Improvement Interventions in MNCH at the district and facility level

140 regional and district health management team members gained the skills to implement the Quality-of-Care standards in health facilities

200 key stakeholders in MNCH updated on best practices from facilities through knowledge sharing across regions and districts in a national learning forum.

150 members of the coaching and clinical mentoring teams trained and now providing support to all 16 regions

2.6.2 Strengthening national guidelines for Maternal and Perinatal Death Surveillance and Response (MPDSR)

WHO with support from Funding support from the Swedish International Development Cooperation Agency (SIDA), the Bill and Melinda Gates Foundation (BMGF) and UK Department of Health and Social Care (UK-DHSC) supported the review of the national guidelines for Maternal and Perinatal Death Surveillance and Response (MPDSR) and strengthening of the MPDSR system in line with current WHO recommendations.

This is guiding the surveillance of maternal deaths and the institution of appropriate responses as an approach to healthcare quality improvement particularly for maternal health.

This was in recognition of the need for a robust Maternal and Perinatal Death Surveillance and Response system to ensure appropriate accountability for the lives of mothers and their newborns.

2.6.3 Delivering Adolescent Sexual Reproductive Health (ASRH) and Youth-Friendly Health Services

With support from the UK Department of Health and Social Care (UK-DHSC), capacity building of healthcare providers and managers to deliver and monitor a more comprehensive set of interventions for Adolescent Sexual Reproductive Health (ASRH) and Youth-Friendly Health Services was organized.

Achievements

- **64 Regional Resource Team members** for adolescent health in all sixteen regions of the country have knowledge and skill in the provision of health services for adolescents and are leading the facilitation of downstream training of healthcare providers in their respective regions.
- **1500 healthcare providers** now have the skills and competence to design and deliver comprehensive ASRH services and a full package of Adolescent & Youth-friendly Health Services (AYFHS), following the downstream training by the Regional Resource Teams.
- **1,200 service providers** had access to new knowledge and skills via the digital Adolescent Health e-learning platform, which is updated with modules in line with the WHO Guidelines.
- **80 pre-service tutors from about 60 Health Training Institutions** have improved capacity to train in ASRH and AYFHS, ensuring stronger integration of ASRH & AYFHS at pre-service level
- **Approximately 12,000 adolescents** can now assess the quality of services received at health facilities as a result of the scale-up of the WHO web-based platform for assessing quality of adolescent health services to 5 additional senior high schools in Ghana.

2.6.4 Setting standards for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

To support the capacity-building activities and in line with WHO's role in setting norms and standards and promoting and monitoring their implementation, some documents were revised/developed.

These are guiding the provision of quality MNCH services

Ghana has successfully adapted the following to the country's context;

The Standards for improving quality of care for maternal and newborn health, the Standards for Improving the Quality of Care for Children and young Adolescents

The Standards for Improving the Quality of Care for Small and Sick Newborns in Health Facilities

Learning guides and manuals for Preceptorship Program for Adolescent Health

2.7 Healthy Ageing

2.7.1 Improving healthy ageing service provision



Commemoration of the 2022 International Day of the Older People

Development of a National Healthy Ageing Program (NHAP) Service Standards and Protocols Manual for the orientation/training of healthcare managers and providers to deliver Integrated Care for Older People (ICOPE). The Service Standards and Protocols Manual is now available for the orientation/training of healthcare managers and providers.

Awareness was created on healthy ageing and issues of older persons with WHO's support to the country's observation of the International Day of Older Persons in collaboration with the Ghana Health Service (GHS) and the University of Ghana's Centre for Ageing Studies (CFAS) under the theme, 'Resilience of Older Persons in a changing world'.

120 older persons, the majority being retired healthcare professionals were engaged on sexual and reproductive health and rights for older persons in a conference in collaboration with the Society of Obstetricians and Gynecologists of Ghana (SOGOG) This was to ensure sexual reproductive health and rights for older persons.

Orientation of retired health professionals on sexual and reproductive health and rights for older persons



3

Responding to Public Health Emergencies



Your paragraph text



Emergency Preparedness and Response

3.1 Building Capacity for Basic Emergency Care



Healthcare workers undergoing practical training on basic emergency care

WHO in collaboration with African Federation for Emergency Medicine (AFEM) and Emergency Medicine Society of Ghana (EMSOG) has maximized the resources provided by the German Government to equip 49 health care workers from five West African countries with necessary skills and knowledge to use appropriate items around them as tools for stabilizing patients in emergency situations before referral to higher facilities for appropriate management and to disseminate these principles in their respective countries.

This has enabled Ghana to enhance the capacity of over 70 health providers to continue knowledge and skills sharing in their respective workplaces as part of preparedness to manage critically ill patients and save lives in resource limited and hard-to-reach settings during health emergencies.

Check!

70 healthcare workers now have capacity to provide basic emergency service in resource constrained settings

3.2 Training of clinical engineers in troubleshooting, Maintenance and repair of Pressure Swing Adsorption Plants

With the support of the UK Department of Health and Social Care, WHO ensured the availability of oxygen to COVID-19 patients at the height of COVID leading to reduced mortality because of the applied skills of the 89 biomedical engineers trained to troubleshoot and maintain Pressure Swing Adsorption (PSA) plants across the country.

The report on the assessment of the three faulty PSA plants carried out as part of this training was used as evidence to mobilize funds from the Global Fund to procure spare parts to restore the functionality of these plants. A video documentary on the outcomes of this training was developed and streamed on social media as experience sharing for a wider community who may implement this intervention. See [video](#).



A WHO engineer taking some biomedical engineers through the maintenance of oxygen plants

Check!

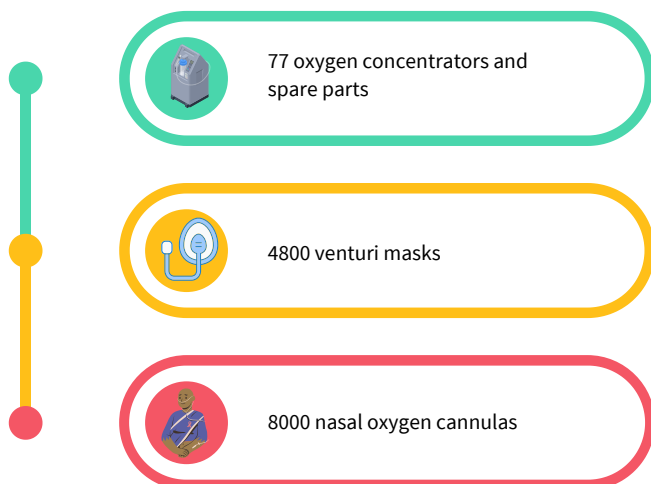
89 biomedical engineers trained to troubleshoot and maintain Pressure Swing Adsorption (PSA) plants

3.3 Quantification of COVID-19 Health Commodities and repositioning of essential biomedical equipment

A multidisciplinary team comprising of the Ministry of Health (MoH), Ghana Health Service (GHS), WHO and partners was mandated to forecast the COVID-19 essential supplies needs of the country taking into cognizance, the country's epidemiological situation and other components of the COVID-19 response strategy.

To provide adequate care for COVID-19 patients and protect health workers and other supportive staff as they go about their duties, WHO supported the MOH to quantify the health commodities necessary to efficiently respond to and combat the pandemic. WHO supported procure and supply some of the forecasted health commodities to bridge the gaps identified.

WHO with support from the Governments of the United States and Germany successfully procured and supplied the following leading to improved clinical outcomes in COVID-19 patients that required critical care.



3.4 Revision of COVID-19 National case management manual and development of Viral Hemorrhagic Fevers (VHF) Handbook

The WHO with the financial support of the Department of Health and Social Care (DHSC), UK supported the National Case Management Team to revise the existing National Case Management Manual to reflect global evidence and guidance in the trajectory of the COVID-19 pandemic and also to review the existing Ebola Virus Disease (EVD) manual as National Viral Hemorrhagic Fevers (VHF) handbook to integrate a wide array of viral hemorrhagic diseases of public health concern.

This support provided a reference guide for clinicians in both private and public health facilities managing COVID-19 cases and contributed to the reduced mortalities recorded in Ghana as compared to the regional and global picture.

The VHF handbook has provided a readily accessible and comprehensive reference book for clinicians resulting in improved knowledge on the diagnosis and management of viral hemorrhagic diseases and better preparedness to promptly diagnose and manage future outbreaks.

3.5 Orientation of clinicians on management of COVID-19 and sensitization of health workers on viral hemorrhagic fevers

Following the revision of the COVID-19 National Case Management manual and the development of the viral hemorrhagic fevers (VHF) handbook, the DHSC through WHO supported the National Case Management Team to orient clinicians on the current protocols used in the management of COVID-19 cases and to sensitize health workers on diagnosis and management of viral hemorrhagic fevers using the revised documents.

This equipped over 800 clinicians across the country with knowledge and skills in managing different scenarios of COVID-19 presentation.

As a result of this training, the index of suspicion for VHF was heightened amongst clinicians leading to the detection of Marburg Virus Disease in a patient for the first time in Ghana. One of the 3 MVD cases detected was successfully managed to recovery by a beneficiary of the training.

3.6 Capacity building of district and sub-district Rapid Response Teams



A facilitator taking participants through development of emergency preparedness and response plan during the training

WHO with funding from the US Government supported the Bono East Regional Health Directorate to build capacity within 11 districts to develop Emergency Preparedness and Response Plans and train 55 district and sub-district Rapid Response Teams to appropriately detect, report, and respond to outbreaks.

The support provided an opportunity for the Regional Health Directorate together with the 11 district Health Directorates to produce Emergency Response and Preparedness Plans in each of the 11 districts.

Public Health Emergency Management Committees and Rapid Response Teams have been formed at the regional and district levels to promptly detect and respond to outbreaks and avoid overwhelming the health system.

3.7 Strengthening the capacity of Community Health Nurses



Community health nurses participating in group during their training

Thanks to the support of the US Government, WHO assisted the Bono East Regional Health Directorate to improve the knowledge and skills of 100 Community Health Nurses (CHNs) through structured modules and mentorship leading to certification as Community Health Officers (CHOs).

These officers have been deployed to health facilities in rural and hard-to-reach areas as key health personnel within the community to detect, and report priority diseases, including providing other essential primary health services such as reproductive, maternal and child health services, and childhood immunization outreach.

Check!

100 Community Health Nurses trained and upgraded to Community Health Officers

3.8 Geographic Information Systems (GIS) Capacity-Building



WHO technical officer facilitating the GIS training

WHO with funding from the Department of Health and Social Care (UKDHSC) supported the Ghana Health Service to train regional-level officers with minimal or no knowledge of the use of GIS in geospatial analysis of data.

The support strengthened the capacity of regional surveillance officers and health information officers in five regions (Ashanti, Central, Western, Upper West and Upper East). This skill is being applied in the Weekly Epidemiological Bulletin in their respective regions.

3.9 Fighting Monkeypox in Ghana

Thanks to the Contingency Funds for Emergency (CFE), the WHO enhanced the capacity of staff for Mpox surveillance, equip the laboratories for quality sample management and reliable results, and ensure high-level coordination of the response in the country.

This ensured early detection of cases due to heightened community awareness and enhanced surveillance. It also led to the improvement of health outcomes and Mpox-related mortalities halted.

3.10 Strengthening laboratory capacity

The laboratory plays a critical role in disease detection. During the year (2022) laboratory reagents of various quantities worth over USD 57,000 were procured and distributed to the Noguchi Memorial Institute of Medical Research and the National Public Health Reference Laboratory. The reagents were meant for the diagnoses of COVID-19 (genome sequencing), Marburg and Yellow Fever.

The supply of reagents strengthened the laboratory capacity for in-country confirmation of Marburg Virus Disease. The reagents contributed significantly to the early detection of outbreaks such as Marburg Virus Disease and Yellow Fever in the country.

3.11 Marburg Virus Disease (MVD) Outbreak



WHO technical officers walking into Apinto Government Hospital to support Marburg response

Ghana reported the first ever Marburg Virus Disease outbreak in July 2022. Through effective outbreak investigation, case search and contact tracing, the outbreak was brought under control within 3 months. There were 3 confirmed cases with two deaths.

In collaboration with the Veterinary Service and the Wildlife Division of the Forestry Commission in the spirit of One Health, the epidemiological picture of the investigation through a socio-ecological study. Though the initial molecular investigation did not detect the Marburg Virus, the risk behaviours such as hunting and consumption of bush meat including bats could have contributed to the outbreak.

3.11 Integrated Disease Surveillance and Response

Through the support of the UK DHSC and the US Government, a capacity of 1,370 health staff (644 females) involved in disease surveillance in 44 districts across the country have been built to prevent, early detect and appropriately respond to public health emergencies. This capacity enhanced surveillance for COVID-19 during surges in specific districts in 2022.

As a result of this capacity-building initiative, some 5 million inhabitants of the beneficiary districts are better protected from the catastrophic impacts of health emergencies including disease outbreaks.

Check!

1,370 health workers now have enhanced capacity to prevent, detect early and respond to outbreaks

3.12 Simulation exercises to strengthen health security

Thanks to the UK DHSC, the International Health Regulations (IHR) core capacities in coordination, case management, laboratory, health service provision, risk communication and points of entry were strengthened through five functional and full-scale simulation exercises in Ashanti, Western, Greater Accra, Northern and Oti Regions.

The simulation exercises which involved stakeholders from multiple sectors highlighted the strengths and gaps in the implementation of the IHR core capacities at various levels of the health system. The development and implementation of action plans following the simulation exercises improved upon the gaps identified during the simulation exercises, ensuring that the healthcare workers and the entire healthcare system responds better to outbreaks



A simulation exercise on case management

This was evident in the country's response to the Marburg Virus Disease outbreak which affected three regions. Lessons learnt from the simulation exercise in the Western Region harnessed the response of healthcare workers, improved awareness of infection prevention and control practices and minimized the spread of the outbreak, with no health facility-acquired infections.

3.13 Promoting health through One Health Approach

The WHO country Office, through funding mobilized by the Regional Office for the Promoting Resilience Of Systems for Emergencies (PROSE) flagship project and support from technical partners from the Regional Office enhanced the operationalization of the One Health approach in Ghana through the development of a roadmap for bridging the divide between health security in the animal and human health sectors.

In bid to enhance health security and to draw stronger synergy between the human and animal health sectors, the International Health Regulations-Performance of Veterinary Services (IHR-PVS) National Bridging Workshop (NBW) was held to identify opportunities to strengthen health security through collaborative actions between the human and animal health sectors.

4

Healthier Population



4.1 Improving standards for household water treatment

WHO and its partners have supported the Ghana Standards Authority to develop Standards for the Requirements of Microbiological Performance of Household Water Treatment (HWT) Products and Technologies, aligning with best practices for household

water treatment system at all levels. The standard will ensure that water treatment products and technologies in the country are effective to improve water quality at the point of use to reduce diarrheal and other waterborne diseases.

4.2 Water, Sanitation and Hygiene (WASH)

WHO provided technical and financial support to strengthen Ghana's Water, Sanitation and Hygiene (WASH) account to build reliable evidence on adequate and effective financing for Water Sanitation and Hygiene (WASH). This is a crucial ingredient to deliver and sustain services, by allowing countries to make progress towards Sustainable Development Goal (SDG) 6.

The Ministry of Sanitation and Water Resources was supported to convene stakeholder validation of the third (2015-2019) round of WASH Accounts. The Water, Sanitation and Hygiene (WASH) Accounts tracks financing to the WASH Sector and generates critical evidence on financing gaps and opportunities, enabling effective financial planning, programming and appropriate fund utilization to improve WASH services delivery, at all levels.



4.3 Addressing health inequalities and inequities



WHO with support from the Government of Canada convened several capacity-building trainings to improve the understanding of health inequalities and inequities in service access and quality. Over 200 healthcare professionals, comprising programme planners, information and disease control officers, and physicians have improved knowledge of gender, equity and rights; and the capacity to conduct health inequality monitoring to advance equitable health services.



4.4 Fostering Reforestation, Environmental Sustainability and Tourism in the Okyeman Area

The project Fostering Reforestation, Environmental Sustainability and Tourism in the Okyeman Area (FOREST Okyeman) is a multiple-agency initiative supported by United Nations Human Security Trust Fund aimed at providing a sustainable means of tackling the inter-linked challenges of economic, environmental, political and health insecurities in Akyem Abuakwa in the Eastern region.

Working with the Ghana Health Service and other partners, over 80 health and environmental health professionals across 14 districts have had their capacities enhanced to identify, advocate, plan for and monitor environmental health risks and manage healthcare waste in the Okyeman area. Through this, the health workforce also has improved knowledge on gender and gender-sensitive monitoring in health and environmental activities/interventions.

In collaboration with the Eastern Regional Health Directorate, the Okyehene Environmental Health Foundation (OEF), the WHO supported a community screening campaign reaching over 130 people in the Akyem Tafo district, who were screened for hypertension, obesity, and diabetes. The exercise provided baseline data to support district health teams to raise community awareness of health risks and the importance of routine health screenings. Community sensitization campaign reaching 1000 people, with information on prevention of hypertension, diabetes, obesity, and sanitation-related illnesses.

Check!



80 people trained on environmental health risks and healthcare waste management in the Okyeman area.



130 people in the Akyem Tafo district screened for hypertension, obesity, and diabetes.



1000 people now have more information on health risk and other health issues.

4.5 Strengthening Food Safety Surveillance System in Ghana

In 2021, the Ghana Health Service reviewed the 2nd Edition of the Integrated Disease Surveillance and Response In Ghana (IDSR) to incorporate the surveillance of food-borne diseases. Subsequently, the 3rd Edition of the IDSR provides for a harmonized, systematic data collection process for foodborne diseases and also makes it a core function for the Disease Surveillance Officer (DSO) of the Ghana Health Service to collect data and report on foodborne diseases.

Also, the country has developed a National Food Safety Emergency Response Plan (FoSERP) that outlines how food safety emergencies are to be addressed in a coordinated manner in the country.

The implementation of these two documents made it imperative to train implementing officers such as Food Safety Officers (FSO) and DSO to ensure the quality of data collected and reported. 51 participants from Food and Drugs Authority and Ghana Health Services trained on Integrated Foodborne Disease surveillance periphery level diseases.

Check!

51 officers from the Ghana Health Service and the Food and Drugs Authority are now empowered in integrated foodborne disease surveillance.

5

Corporate Services and Enabling Function



5.1 Strategic Communication

During the year under review, the WCO's social media handles including the Facebook page, the Twitter handle and the WCO/Ghana website were active and regularly updated. The WCO made a total of 864 posts reaching over 1.5 million people on Facebook and Twitter, enhancing the visibility of the country office's programmes, interventions and partners. Attractive communications products and multimedia content such as quarterly newsletters and videos were also produced and disseminated.

The country office also produced eighteen (18) stories on various interventions and programs, with three (3) human interest stories. These stories were widely published on national print, online and broadcast media.

Check!

864

posts made on Facebook and Twitter

1.5 Million

reach made on Facebook and Twitter

21

stories published

5.2 Human Resources



Staff of WHO Ghana at the 2022 retreat

In 2022, the WCO Ghana had a workforce totalling 62 comprising 43 males and 19 females, of which the regular staff members were made up of 21 males and 13 females. The regular international professional staff [including the WR] stood at six with two being females.

The functional review recommendations provided for approved regular staffing positions with the additional seven, mostly national staff positions. It was intended to lessen the burden of work and improve quality service delivery; these National Professional and General staff fixed-term positions included:

1. Strategic Health Information Officer, NOC
2. Quality and Safety Officer, NOC
3. Vaccine Initiative officer NOC
4. Communication officer NOB
5. Human Resources Assistant G7
6. Finance Assistant -G7
7. Travel and Protocol Assistant.G5

During the year under review, the filling of the functional review vacant positions started in earnest with the initial filling of the vacant positions of the IPO External Relations and Partnerships Officer; and National Professional Positions of Quality and Safety officer, Communications Officer, the strategic Health information officer which further bolstered the efforts and quality of service delivery in the country officer

Furthermore, the Ghana country Office was designated MCAT hub to host the Multi-Country Support Team of Experts/Specialists to boost the support and quality of WHO presence in the West African country offices including Ghana, Sierra Leone, Liberia and the Gambia. The initial reassignment includes four (4) MCAT International Professionals staff holding these positions and roles - the UCN Lead, the EPR Lead, HTH, and the RMNCHA expert. These MCAT Teams have since added to the sharpness and quality of service delivery to the WCO/Ghana office and beyond.

5.2 Resources Mobilization

In the Year 2022, the country office improved external relations and partnership engagements efforts with the UN agencies and the donor community and locally mobilized resources to support under funded programmes from the following sources:

| Donor | Funded Amount | Purpose |
|----------|---------------|---|
| UK -DHSC | £1 040 000 | To Support Achievement of universal health Coverage (UHC) through Human Resources for Health Capacity Strengthening (Workforce Programme) |
| UK-FCDO | £1 200 000 | Health Systems Strengthening for Universal Health Coverage in Ghana (HSS4UHC) |

5.3 Programme Budget and Financial Management

The year 2022 was the beginning year of the 2022/2023 biennium and the initial allocated budget was US\$ 32 827 095 with a planned cost of US\$ 31 155 899 and the year ended with a financing rate at 95% for all programmes, 71% of the allocated budget of US\$ 23 394 094 was made available and the total utilization of US\$ 18 755 167 was achieved at the rate of 80% utilization of the available funds for all work plans by the close of the year 2022. The proportion of total funds utilization for all activities was US\$ 16 259 246 constituting 87% of all expenditures and staff costs were US\$ 2 496 681 constituting 13% of the total funds available.



5.4 Transparency, Accountability and Risk Management

The local compliance and risk management committee [LCRMC] was appointed by the WR and the 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 in 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 maximum performance.

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.

5.5 Compliance and Control Framework

In June and November, the country office at 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. Operational Control which considered the Internal environment, risk management, control activities, information communication and monitoring.

Whilst the score of the functional control was 3.6 assessing the areas of planning, budgeting and monitoring of work plans, donor agreements and awards management, Human resources, Security, procurement, travels, Asset management, accounting and financial management. Much awareness creation and staff capacity have been enhanced through these assessments during the year.

5.6 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 US\$ 50 000.

During these field assessment visits, 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 was provided.

This has enhanced the implementation of WHO Sponsored activities in line with the agreed implementation timelines, it has also reduced significantly the delays in the 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% .

5.8 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 missions due to ageing 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.



5.8 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. The committee meets almost every week to review requests for the procurement of goods and services. During the year under review, over sixty-six (66) Purchase Orders were issued valued at \$1 701 292 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.

5.9 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

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- 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

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WHO Ghana

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