



World Health
Organization
Ghana



2024 ANNUAL REPORT WHO GHANA



Forward	i
List of Acronyms	ii
Executive Summary	iii
1.0 Communicable and Non Communicable Diseases	1
1.1 HIV/TB/Hepatitis	2
1.2 Malaria and Neglected Tropical Diseases	4
1.3 Non-Communicable Diseases	6
1.4 Mental Health	11
1.5 Expanded Programme on Immunization (EPI)/Vaccine Preventable Diseases Surveillance	13
2.0 Universal Health Coverage (UHC) - Life Course	16
2.1 Health Financing/Economics	17
2.2 Human Resources for Health	17
2.3 Strategic Health Information	17
2.4 Quality and Safety	19
2.5 Fight Against Antimicrobial Resistance (AMR)	20
2.6 Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)	23
3.0 Public Health Preparedness and Response	26
3.1 Preparedness for Health Emergencies	27
3.2 Epidemics and Pandemics Prevented	29
3.3 Health Emergencies Rapidly Detected and Responded to	30
4.0 Healthier Population	35
4.1 Climate Change	36
4.2 Water, Sanitation and Hygiene (WASH)	36
4.3 Cross Cutting Issues (LNOB, Gender, Equity & Rights)	37
5.0 Corporate Services and Enabling Function	39
5.1 Partnerships and Resource Mobilization	40
5.2 Strategic Communication	40
5.3 IOS HQ Audit and Compliance Review	43
5.4 Human Resources	43
5.5 Programme Budget and Financial Management	43
5.6 Transparency, Accountability and Risk Management	44
5.7 Compliance and Control Framework	44
5.8 Assurance Activity and Implementing Partner Risk Management	44
5.9 Robust ICT Support Services	44
5.10 Fleet Management	45
5.11 Procurement	45
5.12 Shipment	45
6.0 Challenges Recommendation and Way Forward	46
6.1 Programme Challenges	47
6.2 Mitigation Measures	47
6.3 Lessons Learnt	47
6.4 Recommendations	48





DR FIONA BRAKA

WHO Representative, Ghana

In 2024, the final biennium of WHO's Global Programme of Work (GPW) 13, we intensified efforts to achieve the triple billion targets in Universal Health Coverage (UHC), health emergencies, and healthier populations through various programs and interventions.

WHO Ghana continued support to Ghana's Health Sector Medium Term Development Plans and other frameworks, including the United Nations Sustainable Development Cooperation Framework (UNSDCF). Support focused on three strategic priorities: strengthening the health system based on Primary Health Care towards UHC, health emergencies preparedness and response, and addressing social, economic, and environmental determinants of health.

Throughout the year, WHO provided strategic leadership, financial backing, and technical assistance, while facilitating and coordinating effective health interventions in the country. In collaboration with our partners and allies, significant milestones were achieved that included enriching critical national health databases through surveys such as the National NCD STEPS survey, the Mid Term Review of the Health Sector Medium Term Strategic Plan, the Ghana Demographic Health Survey (GDHS), and the National Health Accounts.

WHO provided support to develop, revise, and update various strategies and plans to inform policy interventions, including the National Healthcare Quality Strategy (2024-2030), the Ghana Health Financing Strategy (2023-2030),

and the National Immunization Strategy (2025-2030). These efforts led to improved access to quality healthcare and immunization.

Additionally, WHO contributed to strengthening national capacity and coordination mechanisms in emergency response, data management, maternal and child health, communicable and non-communicable diseases, neglected tropical diseases, and mental health. WHO supported Ghana in successfully preparing for and responding to various outbreaks during the year, including cholera, Marburg, dengue fever, and Mpox.

Towards health promotion, over thirty community and school environment health clubs were established across nine districts to promote environmental conservation and afforestation practices that protect community health. WHO also conducted a gender analysis in immunization delivery to identify barriers, strategies, and opportunities to improve immunization and health services through the Canada Global Initiative on Vaccine Equity. The results informed 12 gender-specific interventions across four regions in Ghana, enhancing the capacities of district healthcare workforces and healthcare systems, and engaging women, persons with disabilities, and hard-to-reach communities.

Partnerships with non-state actors continued to expand, with seven new agreements signed after engagement and capacity assessments of 11 non-state actors. WHO Ghana led and brokered 88 partner engagements, strengthening WHO's role in public health as a partner of choice. Resource mobilization efforts at the country level secured USD 17.55 million in institutional funding. WHO will continue to work closely with non-state actors across key programs of work.

I extend appreciation to the Government of Ghana (GoG) through the Ministry of Health (MOH) and its agencies, all WHO staff and our partners, without whom these achievements would not have been possible. The country office will continue to work with the same spirit and enthusiasm in 2025 and beyond to further improve the health of the Ghanaian people.

LIST OF ACRONYMS

AMR	Antimicrobial Resistance
ARCC	Africa Regional Certification Commission
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanism of Global Fund
CQUIN	HIV Coverage, Quality and Impact Network
DFC	Direct Financial Cooperation
DHIMS	District Health Information Management Systems
DRG	Diagnosis Related Groupings
DTG	Dolutegravir
EPI	Expanded Programme on Immunization
FDA	Food and Drug Authority
FCDO	Foreign Commonwealth Development Office
FCTC	WHO Framework Convention on Tobacco Control
GBT	WHO Global Benchmarking Tool
GHS	Ghana Health Service
GHSS	WHO's Global Health Sector Strategies
GLASS	Global Antimicrobial use and Resistance Surveillance System
GoG	Government of Ghana
GSHS	Ghana School of Health Survey
HFS	Health Financing Strategy
HIVST	HIV Self-Testing
HLMA	Health Sector Workforce Labour Market Analysis
HWT	Household Water Treatment
iAHO	Integration of African Health Observatory
ICD-11	International Classification of Diseases 11 th Revision
IPC	Infection Prevention and Control
IRS	Indoor Residual Spraying
ISD	International Strategic Dialogue
MDG-F	Millennium Development Goals Fund
mhGAP	Mental Health Gap Action Programme
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NHIA	National Health Insurance Authority
NHQS	National Healthcare Quality Strategy
NORAD	Norwegian Agency for Development Cooperation
NSP	National Strategic Plan

LIST OF ACRONYMS

NTDs	Neglected Tropical Diseases
PDMC	Post-Discharge Malaria Chemoprevention
PHC	Primary Health Care
PrEP	Pre-Exposure Prophylaxis
PWID	Person Who Inject Drugs
SBCC	Social and Behavioural Change Communication
SCMP	Supply Chain Master Plan
SDG-F	Sustainable Development Goals Fund
SDGs	Sustainable Development Goals
SIMH	Special Initiative for Mental Health
SPGPS	Standards and Practice Guidelines for Pharmaceutical Services
TES	Therapeutic Efficacy Studies
TrACSS	Tracking Antimicrobial Resistance Country Self-Assessment Survey
TTS	Track and Trace System
UHC	Universal Health Coverage
UNGA	United Nations General Assembly
UN-MPTF	United Nations Multi-Partner Trust Fund
WAPCAS	West African Program to Combat AIDS
WASH	Water, Sanitation and Hygiene
WASHPaLS	WASH Partnership for Learning and Sustainability
WHO AFRO	World Health Organization Regional Office for Africa
WHO	World Health Organization



World Health
Organization

**HEALTH
FOR
EVERYONE
EVERYWHERE**

EXECUTIVE SUMMARY

In 2024, WHO Ghana collaborated with the Ministry of Health, Ghana Health Service, allied institutions, partners, and other stakeholders to support the Government of Ghana's health sector agenda. These efforts were organized around five pillars: Communicable Diseases and Non-Communicable Diseases (NCDs), Life Course, Emergency Preparedness and Response, Healthier Population, and Corporate Services and Enabling Functions.

Several achievements were made across the operational areas of support. In the area of communicable and non-communicable diseases, there was increased participation of civil society and recipients of care in HIV and TB service delivery. The country recorded the highest ever TB treatment coverage of 45% in over a decade, up from the covid era coverage of 28% in 2020, and a treatment success rate of 86% in 2024. The WCO supported the Country Coordinating Mechanism of the Global Fund to mobilize over \$234 million to support HIV, TB, and Malaria programmes, while ensuring strong and resilient health systems. A validated amendment report for Ghana's Track and Trace System (TTS) was finalized, addressing critical gaps in real-time monitoring and ensuring compliance with WHO Framework Convention on Tobacco Control (FCTC) guidelines. About 5.1 million children aged 9-59 months (97.1%) were reached with measles and rubella vaccines, and 4.6 million children (87.8%) received Vitamin A supplements during an integrated Measles-Rubella campaign. Two rounds of nationwide polio outbreak response campaigns reached over 99% of children 0-5 years of age. Targeted cholera vaccination campaigns were also conducted in response to a cholera outbreak. Ghana also successfully conducted and disseminated its first nationwide STEPS survey, joining countries using the WHO STEPwise approach to NCD risk factor surveillance.

Public health emergency preparedness, response, and communication support were strengthened through capacity building for health workers, journalists, stakeholders, and data managers.

Ghana was supported in responding to public health emergencies, including cholera, dengue fever, Mpox, and Marburg. The 2nd Joint External Evaluation (JEE) was successfully conducted. WHO supported the development of the Integrated Health Security Framework for Ghana, which sets out mechanisms for an all-hazards, multi-sectoral, and One Health approach to public health emergencies.

WHO also provided support to the government in scaling up the Ministry of Health's capacity to address health systems challenges related to health financing and human resources for health. Ghana made significant strides in institutionalizing the National Health Account through the production of the 2018-2022 Health Account reports. The country was supported in conducting the mid-term review of the national HSPTDP, generating evidence to support the next HSPTDP and track agency-specific performance and impact. WHO, with support from the EU, re-benchmarked the FDA using the WHO Global Benchmarking Tool (GBT) to enhance the country's regulatory systems for medical products.

Efforts to promote a healthier population included developing district-specific action plans based on community dialogues across 12 districts to safeguard the environment and water bodies in mining and forest communities. Ghana also completed the 4th Round of Water Sanitation and Hygiene (WASH) Accounts, providing evidence on financial flows and expenditures in the WASH sector. WHO's financial and strategic guidance enhanced capacities on gender and health inequality monitoring for health and non-health actors, improving equitable health services.

Through local resource mobilization efforts, we secured \$17.55 million in funding from various partners, including the Pandemic Fund. Partner recognition and donor visibility were boosted through an unprecedented increase in social media coverage, enabling more public engagement on key health issues and milestones.



1.0 COMMUNICABLE AND NON COMMUNICABLE DISEASES

1.1.1 A costed plan for the elimination of Viral Hepatitis in Ghana by 2030

The country was supported to develop a costed national strategic plan (NSP) for the elimination of viral Hepatitis by 2030. The NSP guided by the WHO's Global Health Sector Strategies (GHSS) on HIV, viral hepatitis, and sexually transmitted infections (STIs); defines key interventions with milestones for the country's elimination of viral hepatitis by 2030. Being the first ever NSP for Viral Hepatitis, it provides a critical framework that will support structured implementation and integration of viral hepatitis with HIV and other existing health programs as well as resource mobilization and monitoring of the countries efforts towards viral hepatitis elimination. The WHO was partnered by the French L'initiative who provided significant funding for the development of the costed viral hepatitis NSP.

1.1.2 Revamping efforts to end Mother to Child transmission of HIV, TB and Viral Hepatitis B in Ghana

The WHO mobilized stakeholders including civil society, government, and partners to develop a roadmap for the triple elimination of mother to child transmission of HIV, Syphilis and Hepatitis B in Ghana. It defines key actions required of diverse stakeholders for the elimination of the mother to child transmission of the three infections in Ghana. The roadmap was informed by a situational analysis guided by the WHO's "Global guidance on criteria and processes for validation: elimination of mother-to-child transmission of HIV, syphilis and hepatitis B virus". The development of the roadmap demonstrated a best practice collaboration between UNAIDS, UNICEF and WHO.

1.1.3 Ensuring the accuracy of HIV test results in Ghana

Ghana's national HIV testing algorithm was revised to ensure HIV test results remain accurate in the context of the changing HIV epidemic. The process led by an independent panel of experts from academia, government and civil society included a laboratory verification study to rule out shared false reactivity among individual test kits, followed by field testing of the revised algorithm.

The process was guided by the WHO's verification tool kit for optimizing HIV testing algorithms.

1.1.4 Nothing for us without us – community engagement in HIV and TB service delivery.

Beyond their traditional role of advocacy and community mobilization, the year 2024 saw an increased participation of civil society and recipients of care in HIV and TB service delivery. Support was provided to the national HIV and AIDS Control program for the conduct of a client satisfaction survey amongst some 2500 recipients of care (74% females) across the country. The findings of the survey are being used to inform quality improvement of differentiated service delivery interventions. The process for the conduct of the survey and its utilization has also improved the meaningful participation and engagement of recipients of care in HIV service delivery. Some 850 persons living with HIV (about 550 women and 70 adolescents) have been engaged through five civil society organizations to provide peer support for the HIV testing and treatment services. Likewise, three CSOs the Aurum institute, STOP TB partnership and TB voice network are involved in community TB case finding and treatment adherence support interventions. Eight percent (1647) of the total TB cases for 2024, were notified through these community and private sector led interventions.

1.1.5 Leaving no one Behind – Ghana scales up HIV prevention services to include Persons who use drugs

As at the end of December 2024 over 14400 persons who use drugs have been reached with a comprehensive package of HIV and harm reduction services including needle and syringe program. The harm reduction program is being implemented by a CSO, the West African Program to Combat AIDS under the guidance of the National HIV program with funding from the Global Fund. WHO is providing technical guidance for the program including supporting a rapid assessment that informed the design of the program.

The national program was also supported to develop and roll out an online training platform for Pre-exposure prophylaxis (PrEP), HIV self-testing (HIVST) and ethical issues for HIV management. The platform complements efforts to build the capacity of health care workers for HIV prevention services, continuous professional education points are awarded towards renewal of practitioner's license. As of December 2024, over 6000 healthcare professionals have completed these courses with evidence of improved knowledge in the subject area, based on post test results.

1.1.6 Finding the missing TB cases through innovative collaboration

Ghana sustained the 2023 increased notification of TB cases with 20,154 cases in 2024. While this is still just about 45% of the estimated cases, it demonstrates progress after almost a decade's stagnation of TB case notification below 16,000. The WHO has been instrumental in mobilizing key partners and stakeholders to support the national programs effort for the prevention care and treatment of Tuberculosis in Ghana. With WHO support the country successfully piloted use of stool testing for pediatric TB diagnosis. Following this the WHO reached out to UNICEF to collaborate for a national scale up. Some 700 health care workers were trained in selected districts on the processes for stool sample testing in children. Following the training, over 2,000 stool samples have been tested with at least 51 children diagnosed.

1.1.7 Positioning the Ghana Country Coordinating Mechanism of the Global Fund to support sustainable funding for HIV, TB, and Malaria

The WHO provided essential technical support to the Country Coordinating Mechanism of the Global Fund (CCM) for the mobilization of over 234 million dollars to support HIV, TB and Malaria services while ensuring strong and resilient health systems. The WHO continues to provide leadership and critical support to the CCMs work. In the year under review the CCM was supported to review its governance documents to align with current global best practice taking into consideration local context. WHO support has also been essential for the alignment and complementarity of Global fund and PEPFAR resources in Ghana.

1.1.8 Enhancing data driven health policy decision making through innovative technology

Ghana's health information system for HIV and TB services received a boost with the roll out of a new DHIS e-tracker system. This enables essential data on all clients receiving HIV and TB services to be collected securely for analysis to inform policy decision making. The capacity of over 75 sub-national level data officers and managers has been built in skills for routine HIV cascade analysis and data quality tools. Following the workshop, and subsequent application use of the workshop tools, the anti-retroviral linkage rate for the Ashanti region for example improved from 72% to 84%. In partnership with USAID, UNAIDS and UNICEF the WHO continues to support strategic interventions to improve the quality of data for HIV, TB and Hepatitis services.

1.1.9 Ensuring sustainability of the national HIV, TB and Hepatitis response in Ghana

At the 8th annual meeting of the HIV Coverage, Quality, and Impact Network (CQUIN) held in Johannesburg, Ghana received the Award for HIV sustainability out of 21 countries. At the award presentation the role of WHO in supporting the sustainability of Ghana's HIV program was emphasized. The WHO continues to provide guidance to the country and partners for sustainability of the HIV, TB, and Hepatitis response in Ghana. This includes guidance for efficient use of resources, building sustainability into donor driven interventions and advocacy for increased domestic resources. WHO support was essential for the development of the Ghana's sustainability roadmap with USAID/UNAIDS funding.

At the 8th Annual Meeting of the HIV Coverage, Quality, and Impact Network (CQUIN) in Johannesburg, Ghana was honoured with the HIV Sustainability Award, standing out among 21 countries.



1.2 Malaria and Neglected Tropical Diseases

1.2.1 Technical Support for the Therapeutic Efficacy Studies (TES) of first line antimalarials in Ghana

Monitoring of the efficacy and the resistance development to first line antimalarials is a critical component of malaria programs. The therapeutic efficacy studies (TES) help the control program pick the development of resistance by the parasite to the first line antimalarials to inform the malaria treatment policy as to when to change the first line treatment. These studies have been conducted by the Noguchi for more than twenty years and needed to be validated as per the WHO recommended protocol.

WCO provided technical support for the clinical monitoring and data validation of the 2024 studies jointly with the Noguchi Memorial Institute for Medical Research and the National Malaria Elimination Program team in the first semester of the year. This monitoring and validation activity was carried out in five out of the 10 sentinel sites in the country.

Monitoring the efficacy of the first line antimalarials in the country which are Artemether-Lumefantrine, Artesunate- Amodiaquine and Dihydroartemisinin-Piperaquine is important in ensuring effective malaria case management.

The general performance of the sites visited with regard to the WHO protocol was found to be very good and well aligned with some improvement over the last year. Over the years, the average therapeutic efficacy of these first line antimalarials have remained above 97% after the necessary scientific corrections have been made. This depicts the high efficacy of the medicines, well above the WHO threshold of below 95% for consideration of change malaria treatment policy.

This activity therefore contributes to the resistance monitoring of malarial medicines in the country which have shown no resistance and therefore warranting no changes to the current treatment policy and again contributes to the Global Antimalarial Resistance Monitoring Database which is a key WHO activity.

The general performance of the sites visited with regard to the WHO protocol was found to be very good and well aligned with some improvement over the last year. Over the years, the average therapeutic efficacy of these first line antimalarials have remained above 97% after the necessary scientific corrections have been made.

This depicts the high efficacy of the medicines, well above the WHO threshold of below 95% for consideration of change malaria treatment policy.

This activity therefore contributes to the resistance monitoring of malarial medicines in the country which have shown no resistance and therefore warranting no changes to the current treatment policy and again contributes to the Global Antimalarial Resistance Monitoring Database which is a key WHO activity.

1.2.2 Support for the Integrated management of Cutaneous Leishmaniasis and other skin NTDs.

A capacity building workshop was organized for front line health workers in six districts in Volta and Oti regions on the clinical management of Cutaneous Leishmaniasis (CL), Yaws, Hemophilus Ducreyi ulcers, Leprosy and Buruli ulcer in a syndromic approach using an integrated algorithm which has been developed by a team of experts put together by WHO for use at the peripheral facilities. This tool, the integrated skin NTD algorithm will be validated for nationwide use after the initial pilot currently going on in these six districts.

The capacity of about 100 frontline health workers made up of clinicians, laboratory and public health officers who received the training has been built to improve access to skin health care in these regions which are endemic for infectious and neglected skin conditions. A series of follow-up supervisory visits to these pilot districts have been planned for the coming year to ensure a successful pilot.

1.2.3 Support for the development of guidelines and tools for Malaria death surveillance.

With the elimination of Malaria in the country as a focus and in line with the Yaoundé declaration on an accelerated malaria mortality reduction in Africa, a Malaria Death Surveillance Response system becomes a critical part of the broader elimination strategy to establish the trends of malaria death both at the facility and community levels. Technical assistance was therefore provided to the National Malaria Elimination Programme for the development of guidelines for malaria death auditing. The draft guidelines as a major output achieved would be validated by stakeholders as a next step for the adoption for use by health workers.

WCO as a key partner made substantial technical inputs into the document to ensure alignment with WHO recommendations. This document is one of the key technical products of WHO support for the malaria elimination efforts of the country.

1.2.4 Support for Post-Discharge Malaria Chemoprevention (PDMC)

Post-Discharge Malaria Chemoprevention (PDMC) is a new WHO recommended intervention for the intermittent full treatment of malaria in children 2 years to 12 years admitted for anaemia in the post discharge period to prevent readmission and deaths due to malaria. In the new elimination strategy, the country seeks to implement a nationwide PDMC in all 261 districts by 2028 after an initial pilot study.

WHO successfully supported the National Malaria Elimination Program with the planning process for this intervention, the development of training slides for the training on this intervention and the capacity building workshop organized for about 30 health professionals from six facilities across the three ecological belts of the country (TTH, KATH, Hohoe Government Hospital, Tamale Central hospital, St. Theresah's hospital and Ewim Polyclinic) to pilot the intervention. The results of this ongoing pilot will inform a later adoption and incorporation in the malaria case management guidelines.

1.2.5 Capacity Strengthening for NTD Data Reporting

While Ghana has made significant strides in adopting DHIS2 for health data management, challenges remain in ensuring that NTD data is systematically captured and accurately reported in this routine platform as well as translating information into the Global NTD Reporting form.

A 3-day capacity-building workshop was organized by the HQ in collaboration with the WCO in October to equip NTD focal points and Health Information Officers with the necessary skills and knowledge to facilitate an integrated reporting for NTDs for the Global NTD reporting and within Ghana's RHIS.

This activity was very successful with about 40 participants from the NTD program and the health information officers from the national, regional and district levels engaged and receiving ongoing support for indicator harmonization and tools development for a pilot study before a full nationwide roll-out in the routine DHIS 2 reporting platform.

1.2.6 WHO Support for CCM Oversight Activities

WHO has been providing technical support to the Malaria and the HIV-TB Oversight Committees of the current Global Fund Grant Cycle 7 (GC7). The Malaria oversight committee was supported in the conduct of a four-day oversight visit to the three targeted districts for Indoor Residual Spraying (IRS) in the Upper East Region. The districts are Builsa North, Builsa South and Kassena Nankana West. The purpose of the visit was to conduct verifications and spot checks on the Global Funded Indoor Residual Spraying activities taking place in the Upper East region.

All the subdistricts in these districts were visited. During the visit, there were observations and interactions with zonal officers, supervisors and sprayers. A coverage of 99.9% was achieved out of the total population of 80,000 and the 9000 structures to be sprayed. A comprehensive report of the status of implementation, coordination and supply chain issues with recommendations has been submitted to the general CCM for redress.

1.2.7 Post validation surveillance activities for Human African Trypanosomiasis

Ghana achieved a significant milestone in 2023 when it was validated by WHO as having eliminated HAT as a public health problem because of enhanced surveillance and control efforts. This validation indicates that the incidence of HAT in Ghana has fallen below the threshold of 1 case per 10,000 inhabitants, demonstrating effective control of the disease by the country. WHO provided technical support during the year through the monitoring visits to the HAT sentinel hospitals jointly carried out with the Ghana Health Service.

This is an ongoing WHO technical and financial support and the sentinel sites visits are carried out annually. Supervisory visits were made to eight out of the twelve sites and a planned new site in Juabeso. A review meeting for personnel from these sites will be convened at the end of the year to give feedback from supervisory visits, share best practices, harmonize reporting formats, address challenges and plan for next year based on recommendations.

1.3 Non-Communicable Diseases

1.3.1 Health Workforce Capacity Building on NCD Management

In 2024, WHO-adapted PEN Modules were used to train 426 healthcare workers, including medical officers, physician assistants, nurses, health information officers, and nutrition officers, across four implementing regions: Bono East, Volta, Northern, and Western. These training sessions equipped participants with the skills to provide equitable and gender responsive NCD services including community screening to improve early detection and enhance management of diabetes and hypertension.

The capacity-building initiative yielded remarkable outcomes. Following this, a total of 75,056 individuals were screened for diabetes and hypertension, leading to 1,501 new diagnoses, all of whom were promptly linked to care. These efforts have contributed to creating a more inclusive and integrated management of NCD at the primary health care level. By strengthening the skills of healthcare providers and expanding community-level screening, Ghana is enhancing the fight against NCDs and improving overall health outcomes.



The WHO Package of Essential Non-Communicable Disease Interventions (WHO PEN) has been a cornerstone in Ghana's strategy to combat non-communicable diseases (NCDs) such as diabetes and cardiovascular diseases. By implementing WHO PEN at the primary healthcare level, the D-Card Africa Project has significantly strengthened the health system's capacity to provide comprehensive NCD care at the community level. This initiative aligns with Ghana's commitment to global targets for NCD prevention and control. Recognizing the essential role of primary healthcare workers, the project focused on enhancing their skills and knowledge to effectively manage NCDs.

The WHO provided technical guidance for adapting the PEN Modules, coordinated training sessions (including recruiting and training of the facilitators), and monitored progress in collaboration with the Ghana Health Service (GHS). These contributions ensured standardized implementation and strengthened the capacity of Ghana's primary healthcare systems.

The project was supported financially by the World Diabetes Foundation, with the GHS and Christian Health Association of Ghana (CHAG) facilitating the mobilization of healthcare workers and training facilities. Collaborative efforts between WHO, CHAG, NCDGP-GHS, and regional health directorates maximized resource utilization, leading to impactful results.

Lessons learned from this capacity-building initiative underscore the importance of ongoing training, equitable resource distribution, and consistent community engagement. The project highlights the need for sustained investments in primary healthcare to address the growing burden of NCDs effectively. Plans are in place to extend the training to Ashanti and Greater Accra Regions in subsequent phases.



1.3.2 Advancing Tobacco Control through Enhanced Systems and Policies

Ghana has reaffirmed its commitment to tobacco control by strengthening its Track and Trace System (TTS) and advancing smoke-free policies, in line with the WHO Framework Convention on Tobacco Control (FCTC). The existing TTS lacked real-time tracking and tracing capabilities, which are crucial for combating illicit trade in tobacco products. Recognizing this gap, WHO collaborated with the Food and Drugs Authority (FDA) to enhance Ghana's TTS and align it with international standards.

In 2024, a validated amendment report for Ghana's TTS was finalized, addressing critical gaps in real-time monitoring. The revised system incorporates WHO recommendations and ensures compliance with FCTC guidelines. This achievement paves the way for the submission of the report to the Ministry of Health for parliamentary engagement, further advancing Ghana's efforts to combat illicit tobacco trade.

WHO's technical and financial support was instrumental in this achievement. WHO provided expertise during review workshops and funded FDA-led consultations. These contributions ensured that the revised system meets global standards and supports Ghana's commitment to reducing the health and economic impact of tobacco use.

The implementation of smoke-free policies has also seen significant progress. A baseline survey on smoke-free environments and public awareness was conducted to inform policy updates and health education campaigns. Additionally, six impactful graphic warnings were validated for tobacco packaging, enhancing public awareness of the harmful effects of tobacco use and second-hand smoke. The initiative included tailored public awareness campaigns to reduce second-hand smoke exposure in workplaces and public spaces.

This success was achieved through strong partnerships between WHO and the FDA, with WHO providing technical expertise and funding. Lessons from this initiative emphasize the importance of stakeholder engagement, effective communication strategies, and consistent public awareness efforts to ensure sustainable tobacco control measures.

Next steps following the amendment report will be for government to fast track the implementation of the recommendations from the report and operationalize the recommended TTS.

1.3.3 Strengthening Governance and Partnerships for NCD Prevention and Control

In 2024, governance and partnerships for NCD prevention and control were strengthened in Ghana through multi-sectoral engagement and coordination. Recognizing the critical role of governance in addressing the NCD burden, WHO supported the establishment of the NCD Steering Committee and facilitated partnerships with various stakeholders.

Key achievements included convening the NCD Steering Committee meeting, which resulted in the development of workplans for three subcommittees: Disease-Specific, Resource Mobilization, and Advocacy and Awareness. The Resource Mobilization Subcommittee developed a comprehensive plan to support NCD prevention and management efforts.

Partnerships with key stakeholders, such as GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit), CHAI (Clinton Health Access Initiative), and Novo Nordisk, enhanced the synergy of NCD interventions. Notable collaborations included:

- GIZ's support for equipment procurement under the AYA-Integrated Healthcare Initiative.
- CHAI's contributions to Type 1 diabetes and Sickle Cell Disease management under PEN Plus activities.
- Novo Nordisk's partnership to expand PEN Plus initiatives.

WHO's technical and financial support was pivotal in convening meetings and facilitating collaboration. By fostering these partnerships, Ghana is better positioned to implement sustainable, coordinated, and impactful NCD interventions.

The initiative highlighted several important lessons. Regular multi-sectoral collaboration proved essential in improving coordination and preventing duplication of efforts. The establishment of subcommittees with clear workplans not only streamlined activities but also ensured targeted implementation of interventions. Moreover, engaging a diverse range of stakeholders maximized resource utilization and enhanced the alignment of efforts toward NCD prevention and control. To build on these achievements, key recommendations include institutionalizing regular quarterly NCD Steering Committee and subcommittee meetings to maintain momentum and ensure the consistent implementation of planned activities.

Expanding partnerships to include additional international donors and local organizations is crucial for sustainable resource mobilization. Lastly, strengthened advocacy efforts are needed to secure broader governmental support and scale up successful interventions, ensuring long-term impact in reducing the burden of NCDs in Ghana.

1.3.4 Empowering Adolescents to lead change using health data project in Sekondi-Takoradi

Comprehensive, localized data on adolescent health remains scarce, particularly in resource- constrained settings, creating significant gaps in understanding which interventions effectively promote healthy behaviors. To address this, WHO, in collaboration with Fondation Botnar, launched the "Empowering Adolescents to Lead Change Using Health Data" project. This initiative implemented across WHO's three levels (HQ, Regional, and Country Offices), generated critical health information for students in Sekondi-Takoradi. The data informed the design and execution of targeted interventions aimed at improving adolescent health outcomes through locally led solutions.

The intervention empowered 213 adolescents and teachers from 18 intervention schools by equipping them with the knowledge and tools needed to foster positive health behaviours. Four key areas; hygiene, mental health with a focus on suicide prevention, sexual behavior, and violence/injury prevention were prioritized through the data-to-action workshop.

These capacity-building efforts led directly to the development of adolescent-led, school-based interventions, positioning young people as health ambassadors. Adolescents, with WHO's technical inputs, developed action plans and reactivated existing structures like school health committees and clubs. Currently, all 18 implementing schools have a functioning school health clubs and committees in place that support in peer-to-peer education and advocating for and on behalf of adolescents. These interventions are creating an enabling environment where healthy behaviours will not only be promoted but sustained within both the school and community settings.

WHO supported the development of training materials and supported the facilitated workshops that empowered adolescents to assume leadership roles as health ambassadors. In collaboration with the Ghana Education Service (GES) and Ghana Health Service (GHS), WHO assessed Water, Sanitation, and Hygiene (WASH) facilities in participating schools.

This assessment led to advocacy to improvement WASH facilities across implementing school within Sekondi- Takoradi. WHO facilitated the procurement and distribution of suggestion boxes to provide safe, anonymous reporting mechanisms for suicide, violence, and injury cases.

These tools will enhance early identification and response to critical issues, ensuring timely support for at-risk students. WHO has continued to work closely with stakeholders at all levels to review selected interventions, ensuring alignment with national priorities and fostering sustainable partnerships for long-term impact.

This intervention has demonstrated that empowering adolescents can drive meaningful change and positioned adolescents as critical agents of change within their schools and communities.

Continued investment in such initiatives will strengthen the evidence base for effective adolescent health interventions, contributing directly to global health priorities and the Sustainable Development Goals (SDGs).

1.3.5 Achieving Milestones in NCD Risk Factor Surveillance in Ghana



Ghana, like many other countries, faces a growing burden of non-communicable diseases (NCDs), but its current health management information systems are inadequate for providing reliable data on NCD risk factors to guide policy responses.

As a WHO member state, Ghana is committed to the Global Action Plan for NCD prevention and control, which sets voluntary targets. The STEPS survey is crucial for establishing baseline data to improve monitoring, surveillance, and policy evaluation. Additionally, as Ghana pursues reforms in social insurance and human capital development, enhanced data on NCDs and risk factors will be essential for effective policy design. In line with this, Ghana successfully conducted and disseminated its first nationwide STEPS survey in 2024, joining the ranks of countries employing the WHO STEPwise approach to NCD risk factor surveillance.

This standardized method has enabled the collection of core data on established risk factors that contribute to the growing burden of non-communicable diseases (NCDs) which was critically needed. A nationwide representative sample of 5,775 participants from 385 enumeration areas (EAs) across all 16 regions in Ghana were selected. Demographic and household information, assessment of lifestyle risk factors through structured interviews physical measurements and, collection of blood and urine samples for biochemical analysis were carried out.



The dissemination of the survey findings, marked by a high-profile national launch attended by over 400 participants (including 150 online attendees), highlights significant progress in addressing NCD challenges. Knowledge products derived from the findings, such as factsheets on hypertension, diabetes, and modifiable risk factors, along with engaging infographics and videos, aim to raise awareness and guide strategic public health interventions.

The WHO played a pivotal role in supporting Ghana's STEPS survey through technical guidance, capacity building, and the provision of standardized tools aligned with the WHO GPW strategic framework. Comprehensive training for media professionals ensured the accurate communication of survey findings, facilitating a broader understanding of NCD risk factors and their societal impact. WHO's efforts have strengthened Ghana's surveillance systems and supported the prioritization of population-wide interventions to prevent NCD epidemics.

This achievement was made possible through collaborations between Ghana's Ministry of Health, WHO, and other key partners. Lessons learned from the initial dissemination phase highlight the importance of targeted communication strategies and the need for ongoing capacity building.

As Ghana prepares for subnational dissemination in 2025, a call to action is issued to stakeholders to support these efforts and reinforce the collective fight against NCDs.

1.3.6 Advancing NCD Monitoring in Ghana through E-Tracker Development

Ghana is currently developing the eTracker system to enhance the monitoring of patient outcomes, improve healthcare delivery, and reduce complications. While the country currently reports aggregate data, meeting global standards requires alignment with standardized global health indicators. Ghana has committed to global health targets and recognizes the need for a significant paradigm shift.

Ghana has made significant strides in combating non-communicable diseases (NCDs) with the development and testing of the NCD E-Tracker, a DHIS2 app for patient-level data collection, monitoring, and reporting. This innovative tool is set to transform health data systems by supporting the generation of critical data for monitoring the nine voluntary global NCD targets, which focus on reducing global mortality and addressing key risk factors. Following end-user testing and field testing in one district, the E-Tracker has been refined to ensure functionality and relevance, with deployment to health facilities planned for the first quarter of 2025. As one of the few countries adopting NCD E-Trackers, Ghana is enhancing its health system's capacity to monitor conditions like hypertension, diabetes, and cervical cancer.

The World Health Organization (WHO) provided technical and strategic support to the Ghana Health Service in developing and refining the NCD E-Tracker, aligning this initiative with the WHO GPW 14 outcome of health information systems strengthened, and digital strategic framework transformation implemented. Activities included facilitating the design of the tracker, overseeing end-user testing, and conducting field tests. WHO ensured that findings from these tests were incorporated to improve the app's usability and effectiveness. This initiative aligns with WHO's goals of strengthening health systems and accelerating action against NCDs through innovative digital tools.

The successful development and testing of the E-Tracker were made possible through a robust partnership between WHO and the Ghana Health Service.

1.3.7 Integrating Hypertension and Diabetes Care into HIV Clinics in Ghana

Globally, there is increasing recognition of the need to integrate noncommunicable disease (NCD) care into HIV services to address the growing burden of diseases like hypertension and diabetes among people living with HIV (PLHIV). NCD services in low resource areas need to leverage existing programs with established funding to promote NCD services. Also, Ghana needs to be able to generate the needed evidence for NCD integrated services with HIV, TB. WHO supported Ghana to carry out implementation research on community-based approaches to integrating NCD care into HIV Treatment and a cocreation framework developed.

The World Health Organization (WHO), in collaboration with the National HIV/AIDS Control Program (NACP), is piloting the integration of hypertension and diabetes care into HIV clinics across 12 facilities in four high HIV-burden regions. This initiative aligns with the UNAIDS Global AIDS Strategy 2021–2026, which targets ensuring that 90% of PLHIV have access to integrated services for their overall health and well-being by 2025. The integration aims to provide holistic care, reduce health inequities, and improve the quality of life for PLHIV while addressing the dual burden of HIV and NCDs.

WHO Ghana has supported integration efforts by developing models and training content for hypertension, diabetes, and cervical cancer care within HIV clinics. Drawing on resources from the CQUIN network and engaging with stakeholders such as NAP+, WHO has ensured the development of a people-centered and context-specific approach. Selected facilities have been engaged, and training materials are being tailored to local needs to ensure effective implementation. These efforts align with WHO's strategic priorities of strengthening health systems and ensuring equitable access to care. WHO's technical and strategic guidance has created opportunities for sustainable service delivery improvements.

This initiative underscores the importance of collaboration, with NACP and NAP+ serving as key partners in shaping the integration model.

1.3.8 Ghana Advances Diabetes Awareness

In 2022, WHO Member States endorsed five ambitious global diabetes coverage targets to be achieved by 2030, including diagnosing 80% of people with diabetes, ensuring 80% have good control of glycaemia and blood pressure, and providing 100% of people with type 1 diabetes access to affordable insulin and self-monitoring tools. In line with these goals, Ghana demonstrated its commitment during the 2023 World Diabetes Day celebrations under the theme “Breaking Barriers, Bridging Gaps”.

This initiative emphasized equitable access to comprehensive and quality care for those living with diabetes. Ghana was uniquely selected among WHO AFRO countries to showcase its interventions, reflecting its progress in reducing diabetes-related risks and bridging gaps in treatment and care access.

The WHO Ghana Country Office played an essential role in marking World Diabetes Day by developing a documentary and photo story highlighting national interventions aimed at achieving global diabetes targets.

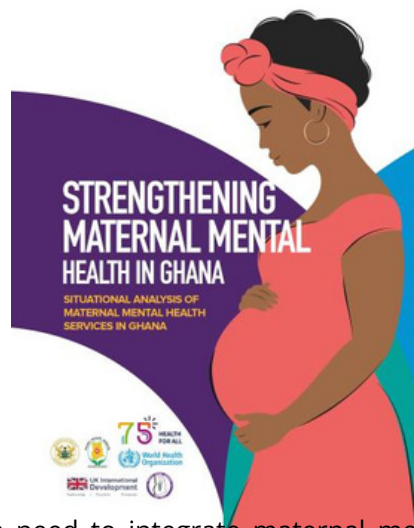
This documentary and photo stories were disseminated on prominent platforms including the WHO headquarters and AFRO websites. By amplifying Ghana's achievements, WHO not only enhanced global visibility of the country's efforts but also reinforced its own commitment to the global diabetes agenda.

Despite challenges such as limited resources, WHO's support has strengthened awareness and laid the groundwork for improved diabetes care systems in Ghana. Ghana's selection as the only WHO AFRO region country to feature a documentary in the 2024 World Diabetes Day celebrations highlights the power of partnerships and sustained advocacy. This recognition underscores the critical role of collaboration between WHO and Ghana's health institutions in aligning national efforts with global targets.

1.4 Mental Health

1.4.1 Strengthening Integrated Maternal Mental Health Services at Primary Health Care Level

The mental health of mothers and the physical development, especially nutrition, of their infants are inextricably linked. Maternal Mental Health (MMH) is a critical mediator between social adversity and poor infant growth. Even though sufficient evidence exists on the adverse impact of maternal mental health disorder on the mother and infant, and the high prevalence of the disorder in Ghana, there is little provision in the country's current healthcare system for screening, early detection, and effective management.



There is a need to integrate maternal mental health interventions within health systems from the level of the community and across all levels of healthcare. The objectives and priorities of the Health Sector Medium Term Development Plan of Ghana (2022-2025), the UKAid's objectives on strengthening the social sector systems under the 'Leave No One Behind' (LNOB) and the 'Partnerships Beyond Aid' programmes; and the 'triple billion' goals of the World Health Organization (WHO) Global Programme of Work (GPW-13) align with the Ghana Health Service strategic objective of improving quality of care for mothers and newborns among others.

In 2024, Ghana successfully conducted a situational analysis for maternal health. The report of the [maternal mental health situational analysis for Ghana](#) and two policy briefs titled [Improving Access to Maternal Mental Health Services](#) and [Strengthening Maternal Mental Health in Ghana](#) and an infographic sheet highlighting some of the key findings from the report have been disseminated nationally and externally. Additionally, a validated operational plan, monitoring and evaluation framework with specific indicators based on clearly defined recommendations were developed from the situational analysis, which will effectively track progress and guide the integration of mental health into routine perinatal care.

The World Health Organization provided technical and strategic support to the MoH, GHS, MHA and CSOs and funding from United Kingdom-Foreign Commonwealth Development Office (UK- FCDO) in the evidence generation process and adaptation of guidance documents available for [integration of mental health into routine perinatal services](#) at all levels of care.

These documents provide essential evidence for policy making, institutional strengthening and delivery of quality and integrated maternal mental health services by the Ministry of Health and its agencies in Ghana.

1.4.2 Mental Health Financing in Ghana: Inclusion of Mental Health in the National Health Insurance Scheme (NHIS)

Mental health services in Ghana have historically been underfunded and stigmatized, with limited integration into the broader healthcare system. Mental health services were previously not covered by the NHIS, making them inaccessible to the majority of the population. The introduction of Ghana's NHIS in 2003 marked a significant step toward achieving Universal Health Coverage (UHC). However, mental health services were initially excluded from the scheme. Advocacy efforts spearheaded by the Ghana Health Service (GHS), the Mental Health Authority (MHA), and other stakeholders sought to rectify this gap by integrating mental health services into the NHIS, ensuring financial risk protection for individuals seeking care for mental health conditions.



Through advocacy and high-level engagements, Ghana has recently included four selected mental health conditions (Depression, Psychosis, Anxiety, Bipolar) on the NHIS to provide financial access to persons living with mental, neurological and substance use disorders across all levels of care.

These four conditions are part of the top 10 mental health conditions across the levels of care granting access to a significant number of the populace across the life course in line with Ghana's UHC roadmap.

WHO facilitated the conduct of actuarial process, provided technical expertise for the review of the mental health component of the Standard Treatment Guidelines and Essential Medicines List which are strategic documents and processes towards the inclusion of four mental health conditions on the NHIS. This achievement is in line with the objectives of the Comprehensive Mental Health Action Plan 2013-2030.

The key partners in the engagement included the MoH, GHS, MHA and CSOs with funding support from the UK-FCDO to conduct the actuarial studies which generated the evidence for the engagement.

1.4.3 Strengthening Mental Health Information System to inform evidence-based interventions

The availability of a mental health information is essential in informing progress in line with national and global targets, identify gaps and inform interventions to improve service delivery and patient health outcomes.

The current mental health data reporting forms in the District Health Information System (DHIMS-2) and indicators did not align to global indicators making reporting mental health data at global level a challenge.

The Mental Health Authority (MHA) has been supported to review and update the mental health data collection tools and reporting templates to align with national and global targets to facilitate reporting and tracking progress in mental health service delivery. A selection of key health staff including 80 Health Information Managers, Regional Pharmacists and Mental Health Staff have been oriented on the new forms and trained in the use of these revised reporting templates to improve data capture, validation, tracking, reporting and utilization to inform evidence-based planning, service delivery and research.

WHO provided technical and strategic support in the alignment of the reporting format in line with global standards to facilitate periodic reporting on mental health to inform Ghana's performance at global level. This has been a collaborative effort between WHO, MoH, GHS, Christian Health Association of Ghana (CHAG) and the MHA.

1.4.4 Building competencies of primary healthcare staff in the provision quality mental health at primary health level.

Integration of mental health services into primary health care improves accessibility, efficiency by providing a comprehensive care for physical and mental care for better health outcomes. The integration of physical and mental health services has indirect benefit of reducing mental health associated stigma, better social integration, and human rights protection. This requires a competent human resource to deliver these integrated services to improve the quality of care and importantly reduce the 98 percent treatment gap for mental health.

The primary healthcare staff are a major service provider for a large proportion of the population at the primary care level. Therefore, improving their capacity to the management of common mental health conditions will improve the quality of care in their areas of operation as an essential mental health human resource.

The capacity of 440 Primary Healthcare workers has been built on several tailored interventions for non-specialists. These include 230 (Doctors, Physician Assistants, Nurses) trained on the mental health Gap Action Plan (mhGAP) intervention for identifying, diagnosing and management of common mental health conditions at primary care levels; 120 (health and non- health staff) trained on person centered human rights approaches to mental health care for persons living with mental, cognitive and intellectual disabilities including other vulnerable groups and 90 (Doctors, Physician Assistants, Nurses, community volunteers) on Mental Health and Psychosocial Support Services for health and other humanitarian emergencies.

WHO provided technical support in the adoption and adaptation of available WHO guidance documents and tools for the training, facilitation, monitoring and supervision and providing onsite coaching for beneficiaries across the 16 regions of Ghana.

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

1.5.1 Development of the National Immunization Strategy 2025-2030

The Expanded Programme on Immunization (EPI) of the Ghana Health Service has transitioned from the comprehensive Multi-Year Plan (cMYP) 2020-2024 to the National Immunization Strategy (NIS) 2025-2030, aligning with regional and global plans including the Immunization Agenda 2030 (IA2030). WHO led the end-term review of the cMYP 2020-2024, which included a comprehensive analysis of the performance of the EPI Programme. A national stakeholder engagement was convened to discuss the findings of the review and develop strategies for the NIS 2025-2030. A subsequent workshop was held to synthesize strategies, activities, milestones, and the budget for the new strategy. In-country partners, including UNICEF, PATH, CDC, JSI, and CHAI, along with other stakeholders such as academia, the Ministry of Education, and the Ministry of Finance, contributed to the development of the NIS 2025-2030.

1.5.2 Harmonized Disease Control Curriculum for Health Training Institutions

The Allied Health Council of Ghana has for the first time developed a harmonized disease control curriculum for health training institutions. The harmonized curriculum aligns with global standards, current policies, guidelines, best practices, and emerging health challenges including COVID-19 pandemic.

WHO coordinated the process, ensuring WHO recommendations, national standards and policies and international best practices were reflected. Ghana now has harmonized curriculum for certificate, diploma, and degree programs. This was done in collaboration with the Allied Health Council, the Ghana Health Service and JPIEGO.

1.5.3 E-Learning for Immunization: Improving Training Efficiency and Strengthening the Healthcare Workforce

Immunization e-Learning modules have been developed to improve the knowledge and skills of healthcare workers in a flexible and cost-effective manner. This initiative aligns with the global push to leverage innovation for increased efficiency, particularly amid declining donor support.

The e-learning module, which is currently live on the Ghana Health Service's e-learning Platform, is anticipated to significantly reduce the need for in-person classroom training for in-service staff, thereby generating substantial cost savings.

WHO facilitated the coordination of the process, the development of the modules (technical content) and the pretesting of the system. PATH was a key partner in the process.

1.5.4 Measles Elimination in Ghana: A Successful Integrated Follow-Up Campaign

About 5.1 million children aged 9 to 59 months (97.1%) were protected against measles and rubella and 4.6 million children (87.8%) received Vitamin A supplements for growth and development during the Integrated Measles-Rubella (MR) Follow-Up and Vitamin A supplementation campaign. The campaign was part of Ghana's Measles Elimination Strategies and aligns with the African Region's renewed commitment to eliminate measles by 2030. WHO supported the development of Ghana's application for the Measles-Rubella Follow-Up Campaign, which was approved by Gavi. The capacity of 10,561 vaccinators, 21,112 volunteers and approximately 1,800 supervisors was built for the successful implementation of the campaign.

WHO conducted supportive supervision during campaign implementation and coordinated the post-campaign coverage survey. The survey results showed that 84% of children aged 9 months to 59 months received the measles-rubella vaccine evidenced by finger marking or recall. The campaign was conducted in collaboration with the Ghana Health Service, UNICEF, PATH, JSI and the Ghana Coalition of NGOs in Health.



- **5.1 million children (97.1%)** aged 9–59 months protected against **measles and rubella**
- **4.6 million children (87.8%)** received **Vitamin A** supplements to support growth and development

1.5.5 Successful Polio Outbreak Response Campaigns in Ghana

Ghana successfully conducted two rounds of nationwide polio outbreak response campaigns, vaccinating over 99% of children aged 0-5 years. The campaign was conducted in response to the isolation of variant poliovirus from sewage in an environmental surveillance site in the Eastern Region. The isolation of the virus constituted an outbreak and was duly declared by the Ministry of Health.

The lot quality assurance sampling (LQAS) survey conducted after the two rounds showed that the number of districts achieving high performance increased from 56.7% (148 districts) in the First Round to 73.6% (192 districts) in the Second Round. The main challenge encountered was delay in the release of funds, necessitating pre-financing of the campaign across all regions. The large vial size of 50 doses per vial presented vaccine distribution difficulties at the vaccination team level. This contributed to maldistribution and vaccine shortages in some locations.



WHO played a key role in developing the risk assessment, outbreak response plan, and vaccination response strategy. Additionally, WHO supported the planning, implementation, and evaluation of the post-campaign lot quality assurance Sampling (LQAS) survey. Key partners who supported the response included primary partners of the Global Polio Eradication Initiative (UNICEF, CDC, and Rotary International), as well as other organizations such as PATH, JSI, and the Coalition of NGOs in Health.

1.5.6 Scale-Up of Malaria Vaccine Rollout in Ghana: From 93 to 136 districts

WHO worked closely with PATH and UNICEF to support the Ghana Health Service in the scale-up of malaria vaccination in Ghana. The number of districts deploying malaria vaccine has increased from 93 districts in 7 regions at the beginning of the year to 136 districts in 11 regions as of December 2024.

This is in line with Ghana's malaria control strategies to roll-out malaria vaccine nationwide in a phased approach. It is also in line with WHO AFRO strategic plan to accelerate malaria vaccine rollout in Africa to contribute to the reduction of morbidity and mortality associated with the disease. WHO played a crucial role in this progress. The organization assisted Ghana in developing its malaria vaccine expansion application, which was subsequently approved by Gavi.

Furthermore, WHO provided support in developing training materials and supported the training of over 830 health workers in the implementing regions. A post-introduction evaluation will be conducted in 2025 to assess how the vaccine has integrated into the routine immunization system.

1.5.7 Impact of Cholera Outbreak Reduced through timely Vaccination

Following the confirmation of cholera outbreak in Ghana, WHO supported the country to undertake various public health actions including the provision of water sanitation and hygiene (WASH) facilities, enforcement of sanitation by laws and improved potable water supply. Two phases of sub-national cholera vaccination campaigns were conducted using a one-dose schedule of the Euvichol-S vaccine.



The Phase I, which targeted all persons aged 2 years and above excluding pregnant women and breastfeeding mothers, was conducted in 3 subdistricts in Awutu Senya East, Central Region, from 30 November to 03 December 2024. The Phase II was conducted in 4 districts in Western Region (Sekondi Takoradi, Kwesimintsim, Shama, Ahanta West) from 15- 21 December 2025. The campaign targeted all persons aged one year and above, excluding pregnant women and breastfeeding mothers. The campaigns reached over 95% of targeted persons.

There has been a significant reduction in the number of cases and deaths from cholera in the affected areas following the roll-out of the vaccines.

The main challenges encountered was changes in decision making based on the evolution of epidemic situation and inadequate time for preparatory activities including social mobilization, trainings, microplanning, etc. Lessons learnt included the marking of fingers of children was extended from under 5 years to under 10 years to avoid double vaccination. Vaccination team composition was increased from 2-member teams to 3-member teams due to the workload.



A man in a maroon shirt is speaking into a microphone at a podium. Behind him are two banners. The left banner is blue with the World Health Organization (WHO) logo and the word 'Ghana' repeated multiple times. The right banner is white with the Ghana Health Service logo, which includes a map of Ghana and the text 'GHANA HEALTH SERVICE' and 'With Our Concern'. Below the map, the words 'SURVEILLANCE' and 'TREATMENT' are partially visible. The background is slightly blurred, showing an audience in the foreground.

2.0 UNIVERSAL HEALTH COVERAGE (UHC) - LIFE COURSE

2.1 Health Financing/Economics

2.1.1 Towards Institutionalization of National Health Accounts: 2018 -2022 Report Produced!

Ghana made tremendous strides in institutionalizing the National Health Account through the production on the 2018-2022 Health Account reports. With Ghana's last publicly available report of the NHA being for 2016, due to lack of political will, funding and capacity, the WHO supported the Ministry of Health through the National Technical Working Group, in establishing the governance for the reproduction of the National Health Account and built the capacity of the staff to monitor how resources are mobilized and pooled, allocated and utilized efficiently to inform policy decisions.

Using the System of Health Accounts (SHA 2011) methodology, the report demonstrated that Ghana's current health expenditure as a percentage of Gross Domestic Product (GDP) increased from 2.61 per cent in 2018 to 3.95 per cent in 2022 and per capita spending from GHC253.21 (USD52.51) in 2018 to GHC715.38 (USD83.42) in 2022. During the same period, total health expenditure increased from GHC9.9 billion to GHC23.1 billion and current health expenditure increased from GHC7.5 billion to GHC22.6 billion. Although out-of-pocket payment as a percentage of current health expenditure decreased from 33.48 per cent in 2018 to 25.03 per cent in 2022, it remains higher compared to social compulsory insurance (NHIS) and voluntary prepayments (private insurance). Findings from the analysis indicated that the government is the main financing source for the prevention and treatment of TB, Malaria, HIV/AIDs and Reproductive Health when indirect costs are considered. However, when indirect costs are excluded, households are the main financing source for malaria and reproductive health, while donors primarily fund HIV/AIDS.

With policy briefs produced, the 2018 -2022 National health account provides key information to policy makers on fund utilization and provides guidance for future fund allocation.

2.2 Human Resources for Health

2.2.1 Scaling Up Efforts Towards Strong Health Sector Leadership in Ghana

The Ministry of Health, in its quest to attain UHC, identified health sector governance and leadership across the different components of the health system as an area requiring critical support. Through the World Health Organization (WHO) Regional Office for Africa's Leadership Programme for Health Transformation in Africa, thirty (30) staff of the Ministry of Health improved their capacity to build the necessary

leadership and management competencies to drive the Ghana UHC reform agenda and transform health outcomes in Ghana.

This was achieved through a private-public partnership with Ashesi University, a leading private university in Ghana whose vision is a flourishing Africa, whose leaders make ethical, transformative, and innovative decisions, in the best interests of their communities.

With funding from the UK Department of Health and Social Care (DHSC), the participants were taken through a cumulative 4 -month journey of self-discovery, with modules on leading self, people and society, and key concepts of emotional intelligence, appreciative leadership, and teamwork. This was complemented with tailored coaching sessions, and four virtual meetings on key topics focused on Change Management, Strategic Thinking and Strategic Communication, Performance and Conflict Management, and Negotiation. In addition, Ashesi University offered seven asynchronous ethical leadership modules and live sessions, as part of its online Giving Voice to Values course. At the closing ceremony, it was evident through the presentation of individual action learning project, of the gains made: a critical breed of agile leaders for whom learning and reflection constitute their way of working, and who are poised to apply ethical, innovative, and appreciative leadership, to deliver the key reforms require to propel Ghana towards UHC.

2.3 Strategic Health Information

2.3.1 Implementation of International Classification of Diseases 11th Revision (ICD-11) Adaptation to Strengthening CRVS in Ghana

WHO supported the Ghana Health Service and the National Health Insurance Authority (NHIA) to migrate to ICD11. Key areas of support included migration to WHO ICD11 Web version to facilitate mortality under lying cause of death selection and reporting. The NHIA received technical support to map the Ghana ICD10 Diagnosis Related Groupings (DRG) to the current WHO ICD11. Due to the WHO support the NHIA is facilitating the migration of facilities to the ICD11 morbidity reporting ensuring that Ghana fully report on and monitor both mortality and morbidity statistics using ICD11. Ghana already reports fully report on mortality using ICD11.

WHO support has led to the capacity building of 16 regional ICD11implementation team and completed cascading training through Global funds RSSH support. Established Ghana 10 member ICD11 TWG trained and introduce to ICD11 and built the capacity of 80 clinicians and 80 health information officers to support over 700 hospitals.

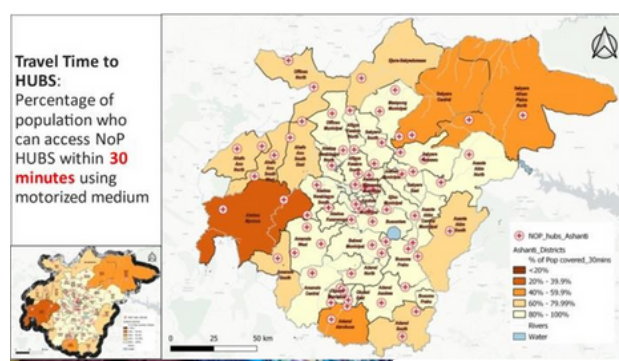
The NHIA have now been able to produce and achieved a full mapping and validated the Ghana DRGs to include 190 Adult surgery groupings and 38 Reconstructive surgery diagnosis grouping (DRGs) Dental, 41 ENT, 38Ophthalmology DRGs, 293 Adult medicine groupings, 146 Obstetrics and Gynae 192 Orthopedics, 291 Pediatrics and 128 Pediatrics surgery. This is facilitating health insurance reimbursements to health facilities and standardizing reporting across all facilities.

2.3.2 Support MOH to monitor and track SDG UHC

WHO Health equity assessment tool was reviewed and updated with most recent GDHS 2022 data sets and 2021 census data which allows for online access and analysis by key gender dimensions in monitoring inequality. The toolkit facilitates the exploration, analysis and reporting of health inequalities in respective sectors. Inequalities is assessed through disaggregated data and summary measures of health inequality, visualized in interactive graphs, maps and tables. It quantifies the impact of eliminating economic and education related inequality that affect health outcomes.

With Support from UK in Ghana – UK FCDO, capacity of over 160 policy and M & E heads from 15 MDAs and CSOs in the 16 regions were built on the utilization of the inequality monitoring tools. This has led to improved uptake and usage of the WHO tool to synthesize and generate knowledge products affecting key decision making at the regional and district levels. The knowledge products on service availability and readiness at respective regions is informing network of practice hubs and spokes.

The priority focus was on the “leave no one behind” (LNOB) analysis of the GDHS 2022, with particular focus on rural communities, the poor and extremely poor people living in slums and informal settlements, children, youth, women, persons with disabilities, people living with HIV, migrants and refugees, to highlight key interventions needed from accountable and responsible programming. The Health Inequality report and Access to essential services report will be available in 2025.



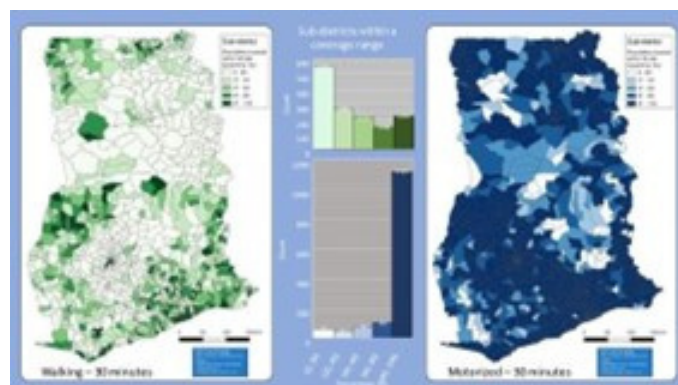
2.3.3 Linking and Integrating multiple data sources in Ghana, improved equity analysis on accessibility to essential health services.

The WHO at all the three levels coordinated to provide technical support to the GHS to conduct a geospatial analysis using data from different sources, including from the 2021 Housing and Population Census, the 2022 Harmonized Health Facility Assessment and the national routine health information systems administrative data. The main objective was to conduct a geospatial analysis to create a map of critical service locations, identify the population that can access these services, and determine the potential physical barriers encounter in accessing them.

This was done using AccessMod which is a free, open-source software developed to assist countries in analyzing the geographic aspects of their healthcare system. AccessMod supports the planning processes and facilitates the implementation of policies supporting UHC and SDG 3 such as network of practice hubs and spokes.

The results of the accessibility to health services analysis for the multiple models such as access to NCD services, BEMONC and other essential health services have been developed and completed for all districts and regions to help policy makers identify disadvantaged population.

As part of the exercise, the capacity of 165 programme officers in the 16 regions were built on AccessMod and QGIS. This ensures that the national and regional teams can use WHO tools for equity analysis and to inform programming and intervention at the district's levels. They are also to produce local level accessibility information on essential health services and generate knowledge that imparts policy programming such NOP spokes and hubs establishments to improve primary health care.



2.3.4 Ghana Conducts the Mid Term Review of the Health Sector Development Plan

The Mid Term Review (MTR) of Ghana's Health Sector Medium Term Development Plan 2022- 2024 (HSMTDP) was undertaken from March to June 2024.

The review was conducted by a team of lead and thematic consultants, backed by an MOH Technical Working Group (TWG). It involved document reviews, assessment of quantitative indicators and qualitative interviews with field visits for an overall assessment of the state of implementation of the HSMTDP. The final report was submitted by end of June 2024 to the HSWG and presented to DPs.

The review of indicator trends and qualitative findings presents a mixed picture, showing modest gains with many set targets not met. Despite numerous challenges such as infrastructure availability, standardized processes, financing, supply chain issues, and the increasing migration of health workers, the resilience of peripheral level staff and stakeholders has been a key driver in sustaining the sector. These dedicated individuals keep routine services running despite the odds. The evidence generated will inform the next HSPTDP, providing a solid evidence base to support tracking and monitoring of agency-specific performance and impact.

2.4 Quality and Safety

2.4.1 Standards and Practice Guidelines for Pharmaceutical Services disseminated for improved service quality.

Ensuring the delivery of safe, effective, and high-quality patientcare is imperative in healthcare, underscoring the need for standards. Through its partnership with the Ghana Health Service, WHO is supporting the standardization and harmonization of Pharmaceutical Services as part of national efforts targeted at strengthening the quality and efficiency of pharmaceutical services across the country.

Pivotal to this effort is the implementation of the Standards and Practice Guidelines for Pharmaceutical Services (SPGPS), a framework designed to standardize and harmonize pharmaceutical practices to ensure high quality healthcare services. With technical and financial support from WHO, training on the Standards was conducted for 64 national focal points selected from the sixteen regions of Ghana. The implementation of the standards is expected to standardize and harmonize pharmaceutical service towards improving healthcare quality and promoting patient safety.

This initiative aligns with the global commitment to Universal Health Coverage (UHC) by 2030, as well as Ghana's vision to provide accessible, equitable, and quality healthcare for all citizens.

2.4.2 The National Blood Service is intensifying efforts to improve availability of safe blood.

As part of national collaborative efforts towards sustainable access to quality Blood and Blood Products, WHO in collaboration with the National Blood Service convened a National Strategic round table dialogue of high-level stakeholders. Among the stakeholders were law makers, policy makers, Clinicians, Regulators, Development Partners, Supply Chain Organizations, Civil Society Organizations and National AIDS Control Program. The dialogue created a platform to discuss strategies for securing availability of safe blood and sustained quality blood services for Maternal and Child Health and Clinical Management of Chronic Conditions. It was the first of its kind organized ahead of the World Blood Donor Day 2024 that provided the unique opportunity for collaboration; advocacy for increased mobilization of voluntary blood donors and dedicated funding support to expand blood services infrastructure, invest in new technologies, and support the ongoing efforts to improve blood supply.

Furthermore, WHO with funding support from the Department of Foreign Affairs, Trade and Development (DFATD), Canada is supporting the National Blood Service to strengthen its regulatory mandate of providing safe and adequate blood and blood products through the development of regulations/legislative instruments to operationalize the National Blood Act, 2020 (Act 1042). These efforts align with the WHO Action framework to advance universal access to safe, effective and quality-assured blood products aimed at addressing barriers to the safety and availability of blood products.



2.4.3 Ghana develops the second edition of the National Healthcare Quality Strategy (NHQS) (2024-2030).

To guide healthcare quality improvements, the MOH introduced the National Healthcare Quality Strategy (NHQS) for 2017-2021, prioritizing maternal, newborn, and child health.

The NHQS is designed to foster a culture of quality improvement and accountability, ensuring that healthcare services are not only accessible but also of high quality. With support provided by WHO to the MOH through funding from the European Commission, the NHQS has been updated for 2024-2030 to align with UHC goals and serves as a foundational framework for guiding quality initiatives across the health sector. This revised strategy aims to build on the successes of previous initiatives while addressing existing challenges within the healthcare system. USAID and UNICEF are acknowledged for the additional financial support provided to the development of the revised strategy.



2.4.4 Existing Supply Chain mechanisms strengthened for improving availability of Medical Products across the health sector.

The expiration of Ghana's Supply Chain Master Plan (SCMP) 2015-2020 necessitated the development of a new plan, the SCMP 2021-2025. This plan aimed to reassess priorities, considering current Supply Chain capabilities, performance, and contemporary leadership, economic, and political realities. The COVID-19 pandemic impacted the plan's development, leading to its finalization in 2022 and implementation commencement in 2023, resulting in limited time for executing the plan within the agreed timelines. A technical team of experts was convened by the Ministry of Health to conduct a thorough review of the 2021-2025 Master Plan in its current state to determine the level of implementation, determine activities that were no longer relevant and update other activities to reflect current needs.

WHO provided technical support to the Ministry of Health in the review of the National Supply Chain Master Plan (2021-2025). The review has culminated in a new Supply Chain Master Plan (2025-2029) that is currently being implemented.

2.4.5 WHO and FDA Ghana Join Forces to Strengthen Medical Product Safety

Regulatory systems play a critical role in ensuring the quality, safety, and efficacy of medical products. The WHO employs the Global Benchmarking Tool (GBT) to evaluate regulatory systems globally, fostering the adoption of best practices. In 2020, the Ghana FDA achieved Maturity Level (ML) 3 status, reflecting a functional regulatory system aligned with WHO GBT standards. To ensure continuous improvement, periodic re-benchmarking exercises assess National Regulatory Authorities (NRAs) on their ability to maintain or enhance their maturity levels.

Ensuring access to safe, effective medical products is a cornerstone of public health, and recent efforts have taken this goal a step further. In collaboration with FDA Ghana and with support from the EU, the FDA was re-benchmarked using the WHO Global Benchmarking Tool (GBT) to assess and enhance the country's regulatory systems for medical products. This critical evaluation aimed to pinpoint areas for improvement, ensuring that medical products are not only safe but also meet the highest standards of quality, ultimately protecting public health. The re-benchmarking will determine the level of Regulatory Maturity of FDA, Ghana.



2.5 Fight Against Antimicrobial Resistance (AMR)

2.5.1 UHC Life - AMR SORT IT

Antimicrobial resistance (AMR) remains a global public health threat accounting for over 1.2 million deaths annually. WHO continues to support Ghana to implement policies and interventions to tackle the increasing threat of AMR. Ghana has the 36th highest age-standardized mortality rate per 100,000 population associated with AMR across 204 countries,

accounting for 5,900 deaths attributable to, and 25,300 deaths associated with AMR. The number of AMR deaths in Ghana is higher than deaths from neglected tropical diseases, malaria, neoplasms, maternal and neonatal disorders, HIV/AIDS and sexually transmitted infections, diabetes and kidney diseases. This high burden is however not comparable to resources allocated to tackle AMR.

WHO in 2024 provided financial, technical, strategic leadership, brokering, and coordinating successfully, key interventions to implement the national action plan. Key among these included measuring the added value of operational research on AMR to policy and practice, successful institutionalization of antimicrobial stewardship in selected health facilities, responding and reporting to repositories such as Global Antimicrobial Use and Resistance Surveillance System (GLASS) and Tracking Antimicrobial Resistance Country Self-Assessment Survey (TrACSS), strengthening governance and leadership through one health activities, continuing the WHO Extended Spectrum Beta Lactamase E. coli tricycle surveillance, celebration of world AMR awareness week among others.

2.5.2 Assessing WHO/TDRSORT IT publications on policy and practice

In 2023, 12 research articles from Nepal, Ghana, and Sierra Leone were evaluated using the Structured Operational Research Training Initiative (SORT IT) modules to assess their contributions to policy and practice in strengthening health systems to combat antimicrobial resistance and emerging infections. Re-evaluation demonstrated the usefulness of the SORT IT module in providing workable solutions to institutional challenges. Following this, a Ghana-specific 'impact' assessment is ongoing in this biennium.

In 2024, 9 out of 10 Ghana SORT IT published studies in 2022, were selected to assess their 'field level' impact following successful post-publication dissemination of findings and recommendations and reported institutional uptake. Two of the four SORT IT modules – building capacity on pre-post research protocol development, ethics, data management, and statistical analysis – were successfully completed by 18 trainees and junior mentors, eight of whom were female. The second quarter of 2025 will see the completion of data collection and analysis to ascertain the added value to policy and practice. The studies will also be published in the third quarter.

The World Health Organization Special Program for Research and Training in Tropical Diseases (WHO/TDR) provided the needed financial and technical support to run this program. TDR in collaboration with the WHO country office, the International Union Against Tuberculosis and Lung Disease (The Union) and the Ghana national one health AMR Platform, played significant role by providing experienced researchers who provided the needed hands-on technical support to mentees for the success of this cohort.

The SORT IT programme seeks to make countries "data rich, information rich and action rich" and responds to strategic objective two of the global and national action plans on AMR which seeks to strengthen knowledge and evidence through research and surveillance.

The success of this program is largely due to the hands-on approach, targeting frontline workers from human, animal, plant and environment health whose activity generates routine data. This approach is particularly valuable as it allows for direct institutional evidence generation and formulation of interventions, while providing a three-level training of new mentees, SORT IT alumni and WHO country office staff.

The final modules are scheduled for Q3 of 2025. A total of 27 cohort of operational researchers at the end, would have been trained to serve as junior mentors on the SORT IT program and to integrate research into their institutional activities.



2.5.3 Ghana uploads AMR data to the WHO Global Antimicrobial use and Resistance Surveillance System

Ghana for the fourth time successfully uploaded 9599 ((45% female samples), (31% decrease compared to 2022 data) blood culture and sensitivity data from 9 sentinel sites into the Global Antimicrobial Resistance and Use Surveillance System (GLASS). Compared to 2023, the proportion of targeted monitoring centres that routinely reported on antimicrobial resistance dropped by 10%. The goal, however, was to maintain and increase the number of sites reporting but experienced a decrease. The decrease was mainly attributable to reported stockout of laboratory consumables for bacteriology among others. In collaboration with Aurum Institute and the surveillance technical working group, microbiology laboratory consumables have been procured to support these sites through 2025.

Analysis showed the proportion of bloodstream infections due to methicillin-resistant *Staphylococcus aureus* (MRSA), and *E coli* resistant to third generation cephalosporins to be 4.3% (7.16% for 2022 data) and 58.7% (87.5% for 2022 data) respectively for 2023.

WHO collaborated with the surveillance technical working group of the AMR national platform, the University of Ghana Microbiology department and funding from the Aurum Institute (Fleming fund manager in Ghana) and provided leadership and technical support to the Ministry of Health to collate, clean, consolidate, analyze, and upload the data into GLASS repository. GLASS standardizes the collection, analysis, interpretation, and sharing of data by countries and identifies gaps for capacity building. WHO is in discussion with the AMR secretariate to define sustainable ways to ensure the availability of the needed logistics to support microbiology and AMR surveillance.

This achievement over the years in the absence of an established routine systematic AMR surveillance system is largely driven by the successful collaboration among the one health national platform partners and continuous remote support at no cost, targeted at facilities with adequate microbiology laboratory to support clinical decisions. The local data will inform targeted interventions in the development of NAP2.

Ghana also made significant strides towards establishing a system for systematic surveillance on antimicrobial use (AMU), resistance, and consumption (AMC).

In 2024 AMC variable register was developed based on the WHO AMC recommendations, tailored to country structures. To this, AMC surveillance system framework and software was developed based on the variable register. This software will be co-hosted (in 2025 Q1) by the Food and Drugs Authority and the Ministry of Health to capture AMC data at the national level.

This was made possible with funds under the WHO AMR MPTF phase 1 project, in collaboration with the surveillance technical working group and Ghana Food and Drugs Authority (FDA) providing the needed technical support to the Ministry of Health. Ghana in the coming years will now be able to collate, analyze consumption data for national decision and uploading same to GLASS AMC.

2.5.4 Antimicrobial Stewardship (AMS) programs Institutionalized in selected health facilities in Ghana

WHO institutionalized antimicrobial stewardship (AMS) in selected hospitals in the northern sector of Ghana. Following capacity building sessions, AMS committees and teams have successfully been established in Wa, Bolga, Tamale regional (central), Tamale West and Tamale Teaching Hospitals to oversee the prudent use of antimicrobials while preventing resistance. These facilities are now strengthened to optimize the use of antimicrobials and prepared to respond to AMR emergencies.

Using the WHO AFRO AMS Toolkit, we built capacity of 198 health professionals (98 females) drawn from various disciplines on antimicrobial resistance, consumption surveillance, AMS, point prevalence survey (PPS) among others, and provided practical guidance to establish committees and prioritize AMS activities to optimize antimicrobial use and prevent antimicrobial resistance.

AMS is a coordinated program that promotes the appropriate use of antimicrobials, improves patient outcomes, reduces microbial resistance, HAIs, and decreases the spread of infections caused by drug-resistant organisms. As part of the Global Health Security Agenda (GHSA), the Korea International Cooperation Agency (KOICA) provided the funds used to strengthen these institutions to be prepared and responsive to AMR emergencies for improved health security.

WHO also provided technical and financial support to the Ministry of Health (MoH) to develop Guidelines and training manual for the Institutionalization of AMS in Health facilities Ghana.

The Ghana Health Service (GHS) and the national AMS technical working group provided training and practical guidance on AMS, as well as remote support targeting the AMS committees and teams.

With the developed guideline, health facilities in Ghana will now be better informed on practical steps on how to establish AMS programs at the health facility level and in the long term, will add to the number of institutions reporting on AMS programs and antimicrobial consumption for national level decisions.

This intervention enables Ghana to also, adapt policies and systems to continuously address AMR through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and local evidence-based policies, and practices.

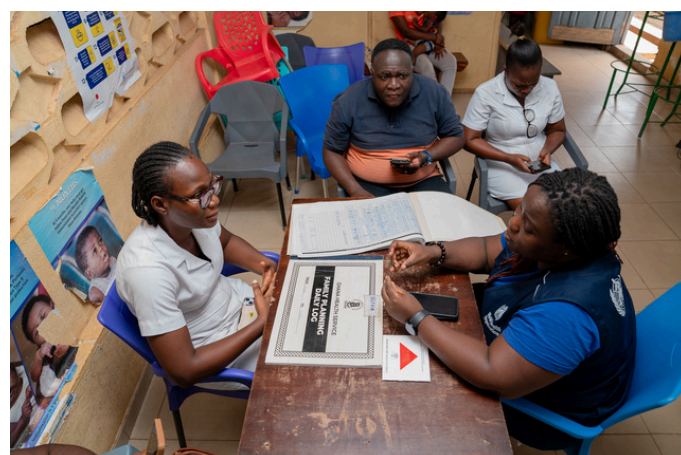
2.6 Reproductive, Maternal Newborn, Child and Adolescent Health (RMNCAH)

2.6.1 Leveraging the Ghana Health Service E-Learning Platform in Strengthening Health Systems on Long-Acting Reversible Contraceptives

Long-Acting Reversible Contraceptives (LARCs) are crucial in family planning as they offer long-term protection and convenience for women, significantly reducing unintended pregnancies, unsafe abortions with its related complications and ultimately maternal deaths. Capacity building on provision of LARC services was initiated in response to the increasing demand for LARC, particularly in underserved areas as part of effort to the full roll out of the National Health Insurance Authority (NHIAs) benefit package on Family Planning (FP).

Recognizing the importance of upskilling service providers in LARC, the World Health Organization (WHO) through the Foreign Commonwealth Development Office (FCDO) supported the Family Planning Programme of the Family Health Division (FHD) of the Ghana Health Service (GHS) in the development and review of the online modules for the training of service providers and subsequent follow-ups on quality assurance monitoring during downstream in-person training of nurses and midwives on the LARC across 6 regions (Central, Volta, Oti, Savannah, Ashanti, and Northern). The training used a blended approach with both online and in-person training to re-enforce knowledge and practical skills acquisition with the LARC methods across the six regions supported.

A key outcome of the LARC training was the development of five (5) e-learning modules hosted on the GHS e-learning platform. These online modules which were designed to address critical knowledge gaps and build the technical competencies of service providers were followed by in-person practical training sessions. A total of 1,261 community health nurses and midwives (81% women) were successfully trained, equipping them with essential skills in LARC counseling, administration, and the management of FP complications. This training has directly enhanced access to skilled care, positioning the country to successfully implement the NHIS free family planning package and improve maternal health outcomes.



2.6.2 Capacity-building of school nurses to improve access to quality sexual reproductive health (SRH) services for adolescents in Senior High School.

Schools serve as crucial platforms for SRH education, given their access to adolescents. School nurses play a vital role in this context and are often the first point of contact for students seeking advice on SRH issues. Despite having basic nursing knowledge, some school nurses lack the capacity to provide quality SRH services especially to adolescents, therefore, equipping these school nurses with the necessary knowledge and skills to address adolescent SRH is of paramount importance. 76 school nurses (51 females) within the northern region now have their capacities built to provide accurate, up-to-date information and specialised SRH services to adolescents in all the 29 senior high schools in the region.

The World Health Organization through the funding assistance from the Swedish International Development Cooperation Agency (SIDA) collaborated with the National adolescent health programme to provide support to the Northern Regional Health Directorate to train school nurses from all the senior high schools in the region on Adolescent Sexual Reproductive Health and Youth-Friendly Services. This was aimed at improvement in quality health education, sexual reproductive health service provision and where necessary, provision of prompt referral to the next level for the adolescents in the senior high schools. The trained school nurses were found to face several challenges, including inadequate staffing, lack of sign language skills among staff in schools for the deaf, and insufficient time for health education activities. Recommendations to address these issues include assessing school infirmaries to identify gaps, enhancing collaboration through stakeholder engagement, and conducting post-training follow-ups to strengthen on-site capacity. Additionally, there is a need for better involvement of school nurses in screening activities, improved logistics and consumables, and training on nutritional interventions.

2.6.3 Improving adolescent health services through equity and inclusiveness

Ghana has made significant progress providing adolescent-friendly health services, but challenges persist in ensuring equitable access to quality healthcare for all adolescents. Thirty-six adolescent focal persons from the three (3) levels of the health care system (National, regional, and district) had their capacities enhanced, leading to the identification of key adolescent health issues, challenges, barriers, bottlenecks, and opportunities.

This provided insights to leverage on, towards accelerating strategies and interventions to improve adolescent health outcomes. The Ghana Health Service with funding from Global Affairs Canada through WHO Ghana co-organized a technical dialogue and capacity strengthening engagement for adolescent focal persons, across Ghana's sixteen (16) regions. The three (3) day engagement brought together key stakeholders responsible for adolescent health programming who worked collaboratively to reflect and assess the current situation of adolescent health services, drawing on socioecological frameworks and the health systems building blocks. Through this, knowledge of these regional GHS focal persons was enhanced which empowered them to think critically about the multi-level barriers that must be addressed in designing / planning adolescent health interventions to ensure accessible, equitable, and quality healthcare for all adolescents and youth.

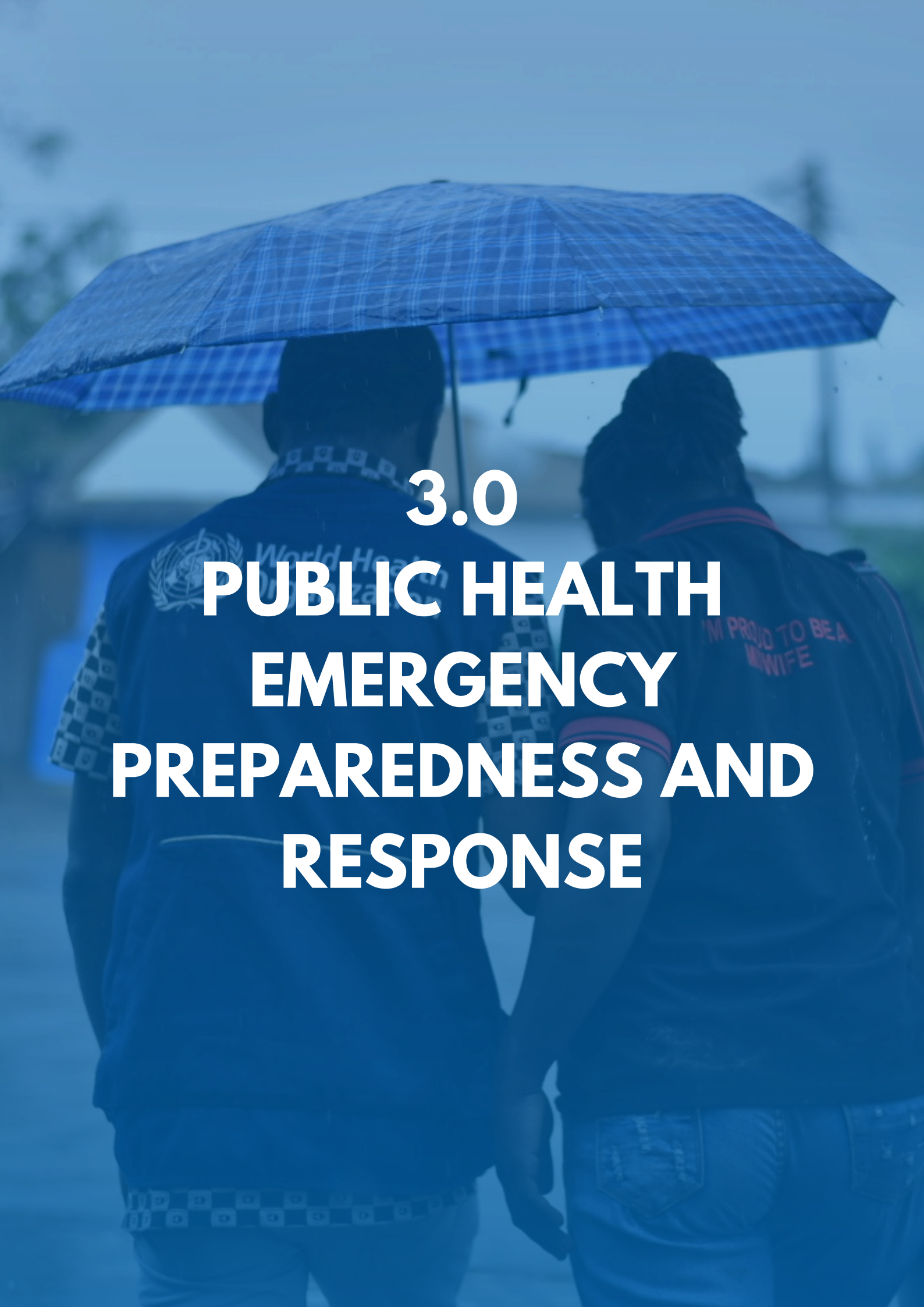


2.6.4 Strengthening Quality Standards of Care in Comprehensive Abortion Care (CAC)

The implementation of Comprehensive Abortion Care (CAC) services in Ghana has faced challenges due to gaps in quality standards and the absence of readily available guidelines to guide service delivery at the implementation level. These gaps have hindered the consistent application of evidence-based practices, contributing to variability in the quality of care provided to clients. Addressing these challenges is critical to improving service delivery, ensuring client safety, and institutionalizing the CAC program within the Ghana Health Service (GHS).

To bridge this gap, 700 copies of the Comprehensive Abortion Care Standards and 1,500 copies of the Comprehensive Abortion Care Training Manual for Service Providers were printed and disseminated to healthcare facilities in all 16 regions across the country. This intervention has enhanced the capacity of healthcare providers and improved the quality and consistency of CAC services nationwide.

WHO provided technical support to ensure the timely development, review, and production of the documents with funding from Swedish International Development Cooperation Agency (SIDA). The collaboration between the WHO and the Comprehensive Abortion Care Program of the Family Health Division of the Ghana Health Service (GHS) highlights WHO's commitment to strengthening reproductive health services in Ghana and advancing the institutionalization of CAC within the GHS framework.



3.0 PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

3.1 Preparedness for Health Emergencies

3.1.1 Integrated Health Security Framework

WHO Country Office for Ghana, with support from the Foreign, Commonwealth and Development Office of the United Kingdom (FCDO) partnered with the Ministry of Health, Ghana Health Service, and other stakeholders to develop an Integrated Health Security Framework for Ghana. The framework and accompanying workplan complements the National Action Plan for Health Security (NAPHS) for Ghana and sets out additional mechanisms for an all-hazards, multi- sectoral and One Health approach to prevention, detection, response and recovery from public health emergencies, beyond infectious hazards. The framework also builds on existing health security frameworks such as the Ghana's 2017 Joint External Evaluation (JEE), the 2018 National Action Plan for Health Security, the 2022 Strategic Risk Assessment (STAR) and the 2023 IHR States Party Annual Self-Reporting (SPAR).

3.1.2 2nd Joint External Evaluation (Internal Assessment)

Ghana underwent the first Joint External Evaluation (JEE) of core capacities under the International Health Regulations (IHR 2005) in 2017. Following the evaluation, a National Action Plan for Health Security (NAPHS) was developed in 2018, for implementation between 2019 and 2023. While the NAPHS was being implemented across various sectors and agencies, the response to the COVID-19 pandemic from 2020 provided additional impetus for capacity strengthening across several technical areas of the JEE.

With the duration of the NAPHS elapsing, the WHO supported the Government of Ghana/ Ministry of Health through the IHR National Focal Point to put in place the necessary preparatory steps to conduct the next JEE in February 2025. The WHO supported the convening and orientation of thematic area leads on the processes and tools for the JEE and provided the needed guidance and technical assistance for the conduct of an internal assessment which will serve as the basis of the peer-review JEE process. More than a hundred stakeholders and partners from all the thematic areas across several sectors and agencies, as well as members of the IHR Steering Committee participated in the thematic area assessments and internal review.

3.1.3 District Public Health Emergency Preparedness Plans

In September 2023, the spillage of excess water from the Akosombo hydroelectric dam led to flooding in 9 downstream districts with attendant displacement and destruction of infrastructure and properties. The 9 affected districts visited were: Asuogyaman, Shai Osudoku, Lower Manya, Ada East, Keta, Central Tongu, South Tongu, North Tongu and Anlo Districts in the Eastern, Greater Accra and Volta Region. As of 18 October 2023, 25,945 individuals have been displaced in nine districts across the Eastern, Greater Accra and Volta Regions. The North Tongu District in the Volta region is the most affected district with more than 9,000 displaced individuals.

WHO Country Office for Ghana provided support for response coordination, surveillance, and risk communication and community engagement activities with the objective of coordinating response measures, preventing possible disease outbreaks during the initial/acute phase of the flooding event. WHO supported the conduct of an After-Action Review with stakeholders to assess the initial response, to learn lessons, identify best practices and challenges and propose actions to strengthen response to future flooding events. It was noted that while most districts had public health emergency preparedness plans, they were largely focused on biological hazards with limited frameworks to respond to events such as flooding.

Considering the above, WHO supported the Ghana Health Service in the Eastern and Volta Regions to strengthen Public Health Emergency management. Technical assistance was provided to the Regional and District Health Directorates to develop multi-sectoral district public health emergency preparedness plans to respond to health events in an all-hazards approach. All 51 districts across the Volta and Eastern Regions have updated public health emergency preparedness which are built on all-of-society, One Health and All-hazards approach to ensure that districts are more resilient in the management and response to public health hazards beyond outbreaks and pandemics.



Further, the WHO provided technical and financial support to the National Disaster Management Organization (NADMO) to conduct district disaster planning assessment in the nine districts impacted by the flooding due to spillage of excess water from the Akosombo dam with the view to support the development of multi-sectoral district disaster management plans to strengthen early warning and response to future flood-related events in the affected districts. In each of the nine districts, officials of the district assembly were engaged, including decentralised government agencies in the districts, Community Based Organisations (CBOs), Civil Society Organisations (CSOs), Non-Governmental Organisations (NGOs), Gender-Based and Vulnerable Groups (GBVG) and some traditional authorities. The main gaps identified were in the areas of coordination, limited local-level capacity for disaster management, absence of a clear mechanism for disaster preparedness and response and weak resource mobilization efforts.

Following the assessment, WHO supported NADMO to develop a framework for flood contingency planning which was rolled out in the 9 target districts. Subsequently, technical assistance was provided to the NADMO and local level actors to develop and validate district flood contingency plans which were later tested in all 9 districts through table-top exercises. The flood contingency plans were developed on the pillars of early warning, multi-sectoral coordination, whole-of-society and leaving-no-one-behind. The perspectives of people with disability and other marginalised population groups, as well as the local communities were reflected in the plans to ensure that it was fit-for-purpose, and its implementation would not lead to the systematic exclusion of any person-groups. The table-top exercises in the nine districts saw the engagement of more than 400 participants across various agencies and organisation at the district and regional levels. It also provided an avenue for training and orientation on the flood contingency plans which are fully owned by the respective district/municipal assemblies.



3.1.4. Improved genomic surveillance landscape through National Genomic Strategy for pathogens of pandemic and epidemic potential

Ghana is one of the first countries in the WHO African Region to develop and launch the National Genomic Surveillance Strategy (2024 – 2028). The COVID-19 pandemic amplified the significance of genomic sequencing in emergency response as genomic surveillance enables health systems to identify, sequence, and track pathogens more accurately and timely to guide public health emergency response. WHO provided financial and technical support to the Ghana Ministry of Health for the adaptation of the Global Genomic Surveillance Strategy with consideration of the country context. With the launch of the four-year national strategy, genomic surveillance for pathogens with epidemic and pandemic potential will be implemented in a coordinated and standardized approach to ensure provision of quality, and timely surveillance data for appropriate public health action in Ghana. WHO also supported the printing of 700 copies of the strategy document for dissemination to stakeholders across the relevant sectors. Partners including Ministry of Health, US-CDC, Teaching Hospitals, Veterinary Services Directorate among others provided technical support for the development of the strategy.



3.1.5 Pandemic Fund

Ghana was approved for the Second Call of proposals by the Pandemic Fund and was awarded \$16 million to strengthen surveillance, health workforce and laboratory systems for pandemic preparedness and response in Ghana.

WHO provided technical support to the MOH/GHS for the coordination of the proposal development which was undertaken in collaboration with US CDC, FAO, Academia, Civil Society and Non-Governmental Organizations.

In the coming year, WHO will continue to provide technical assistance in the coordination mechanism for the activity workplan development and implementation, fund disbursement and monitoring and evaluation of the activities.

3.2 Epidemics and Pandemics Prevented

3.2.1 Strengthened Capacity for Community-based Surveillance for public Health Events

WHO supported the training of 416 Community-based Surveillance Volunteers (184 female, 44%) in the flood affected districts (Anloga, Central Tongu, North Tongu and South Tongu) in event- based surveillance for early detection and response to health emergencies. Community-based Surveillance Through this enhanced capacity, a cholera outbreak was averted in Anloga and North Tongu in 2024. Imported cases from the Ada East district were rapidly detected and contained without community transmission. Additionally, the CBSVs early detected two Acute Flaccid Paralysis and one suspected case Yellow Fever after the capacity-building. The health system was notified within 24 hours of detection and appropriate actions initiated to mitigate the outbreaks.

Additionally, WHO distributed the 3rd Edition Integrated Disease Surveillance and Response(IDSR) Technical Guidelines to the districts to improve surveillance.

The UNICEF collaborated by providing water and hygiene equipment to the flood affected communities to improve the hygiene and sanitation situation to minimize occurrence of water and foodborne diseases. Also, the Health Promotion Division of the Ghana Health Service conducted community engagements and public sensitization to raise awareness, detection and notification of foodborne and waterborne diseases in the communities.

3.2.2 Enhanced Laboratory Capacity for Yellow Fever Confirmatory Testing

The Ghana National Public Health and Reference Laboratory (NPHRL) has received accreditation for confirmatory Yellow Fever Testing using the Polymerase Chain Reaction (PCR) technique. This will reduce the turn-around time for confirming yellow fever outbreaks and improve the timeliness of response activities. WHO provided technical support for the assessment towards the accreditation process and supported capacity building to address the gaps identified. As part of the process, 3 officers in the laboratory were trained in testing. Based on satisfactory performance on the PCR testing, the laboratory was given accreditation.

2024

The Eliminate Yellow Fever Epidemics (EYE) Secretariat has been supportive in sample transportation and supply of reagents for Yellow Fever Testing. The US CDC also provided support through the supply of PCR and sequencing equipment. These partnerships have bolstered the accreditation for confirmatory testing and will contribute significantly to the performance of NPHRL in the confirmation of Yellow Fever outbreaks in Ghana and ultimately contribute to the quest to eliminate Yellow Fever Epidemics as envisaged in the EYE Strategy (2017 – 2026).

3.2.3 Community readiness Table-Top Exercise

WHO Ghana, together with the Ghana Health Service and other partners in Ghana conducted the first ever table-top exercise focused on community readiness. This falls within the Community Protection subsystem under the new WHO Health Emergency Preparedness, Response, and Resilience (HEPR) architecture, which highlights a “community-centered” approach for emergency preparedness, readiness and response. The objective of the table-top exercise was to test the new WHO Global guidelines for community readiness planning and to assess the functionality, interoperability, capacity of emergency response systems and mechanisms within community settings in Ghana.

With technical assistance from the UK Public Health Rapid Support Team (UKPHRST) a progressive scenario of an outbreak of Avian Influenza affecting three communities in the Eastern Region of Ghana was simulated in a One Health approach. Various actors in the community structures in three communities were selected as participants for the exercise. An action planning session followed the exercise where participants used the “community readiness checklist” to identify readiness gaps and developed action plan to address the gaps.

For the participants, it was a very beneficial learning experience to consolidate how local level actions can impact health security at the national and global levels. Partners and other stakeholders appreciated the reality that public health emergencies begin and end in communities highlighting the need to support health emergency preparedness and response at the community level and the added benefit of working across sectors using a One Health fashion approach.

Following the table-top exercise, a curriculum has been developed to introduce capacity building initiatives for community-based surveillance volunteers and other relevant community actors known as the community first responders package. This will provide further training and additional tooling for community-level actors to address the gaps identified in the exercise and to enhance community readiness actions towards strengthening health security at the community level.

3.2.4 Meningitis Risk Assessment

The northern part of Ghana lies within the Africa Meningitis Belt and has been noted for outbreaks of meningitis particularly in the Upper West Region. Since the introduction of the vaccine against *Neisseriameningitidis* (Nm) type A in the early 2000s, outbreaks due to NmA have become less frequent. Since 2010, there have been focal outbreaks of meningitis caused by serotype NmW in and recently NmX.

In 2023, WHO recommended countries within the meningitis belt to use Meningococcal pentavalent Conjugate Vaccine ACWYX (Men5CV) in responding to outbreaks, preventive campaigns, and routine immunization. As part of efforts to avert impact of outbreaks due to meningitis and to accelerate Ghana's actions in line with the 2030 Defeat Meningitis Strategy it has become pertinent to expedite strategic planning to mobilize available global resources for the implementation of evidenced based preventive Men5CV campaigns and the introduction of same in the routine immunization schedule.

The WHO Country Office for Ghana supported the Ministry of Health/Ghana Health Service and partners to conduct a risk assessment for meningococcal outbreaks in Ghana as a basis for evidence-led proposals for interventions. The risk assessment entailed a desk review of historical surveillance, immunization, and laboratory data on meningitis in Ghana, an expert opinion meeting to validate the findings from the desk review, and an engagement with the leadership of the Ghana Health Service and the National Immunization Technical Advisory Group (NITAG) on the findings. It was determined that Upper West, Northeast and Upper East Regions which were very high-risk regions for meningitis, and Northern, Savannah, Bono, Oti and Bono East Regions, categorised as high-risk regions would be considered for the introduction of the Men5CV.

Further engagements will be held in 2025 to consolidate the evidence gathered, including the development of an investment case to be presented to the Government of Ghana to guide further decision making. The introduction of Men5CV holds the potential to protect almost 5 million people in the targeted regions from meningitis, thus contributing directly to global efforts to defeat meningitis by 2030.

3.3 Health Emergencies Rapidly Detected and Responded to

3.3.1 Emergency Response Workforce strengthened for Public Health

Over 70% of all health emergencies reported annually worldwide occur in the African Region. As part of initiatives to support regional collaboration for effective and timely emergency response to health emergencies, AFRO launched an initiative called strengthening and utilizing response group for emergencies. A key component of the initiative is to build multi-sectoral and multi-disciplinary teams for immediate (within 24 hours of declaration) deployment to support emergency response within the Member States and the Africa Region. The AVoHC-SURGE initiative is a collaboration between the WHO and the Africa CDC.



WHO Ghana supported the Ministry of Health to train 50 multi-sectoral personnel from several disciplines. The dividends from this training were observed in the cholera outbreak response where four of the trained officers were deployed to support the response in the most affected regions (Greater Accra and Central regions). The deployment enhanced the case management and data management capacities in the two regions. The deployed staff contributed to re-organising the patient flow in the Kasoa Polyclinic as well as the Mother and Child Hospital in the Central region ensuring that the proportion for staff infection is below 1%.

The quality of situation reports produced was improved. A total of USD 217,465.25 was provided to the Ghana Health Service for the training. Technical assistance in the form of expert facilitators from the country office and the regional office was also provided.

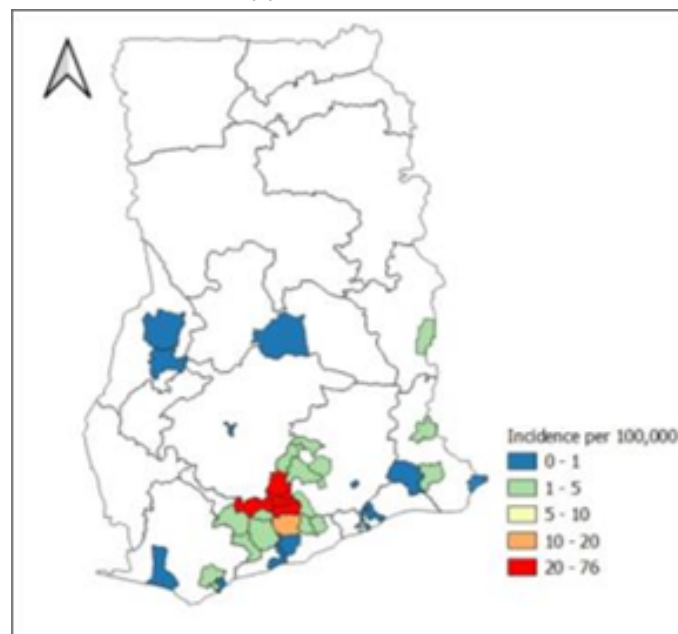


3.3.2 Efficient response to multiple disease outbreaks leveraging local capacities

Dengue Fever Outbreak: Ghana notified WHO on 14 July 2024 of the first reported Dengue Fever outbreak which began in the Eastern Region. Overall, a total of 1,507 cases and 2 deaths were reported in 37 districts in eight out of 16 regions. WHO played a key role in the response providing funding support US\$45,232 for the operational activities at the district, regional and national levels including outbreak investigation, training of health staff, risk communication, community engagement and coordination. Financial support was also provided to the Noguchi Memorial Institute for Medical Research for reagents and testing which shortened the turn-around-time for test results and improved feedback to the clinicians to guide timely and targeted case management.

WHO also procured and distributed Rapid Diagnostic Tests worth US\$ 36,110 to the Ghana Health Service and supported the training of 265 laboratory personnel on sample management and the use of the Dengue RDT strengthening early detection at the points of care and at the peripheral level.

Probable cases were therefore linked to care early thereby enhancing patients' outcomes and survival. This crucial WHO support contributed



Cholera outbreak: Ghana is experiencing a cholera outbreak and is being supported by WHO and partners to respond. As at 26 December 2024, 4,618 cases, 37 deaths and overall case fatality rate (CFR) of 0.80% had been reported. The case fatality recorded in the current outbreak is lower than the WHO limit of 1% pointing to the use of appropriate case management strategies.

WHO procured and donated a large consignment of response logistics including medical supplies, Personal Protective Equipment, laboratory reagents within one month of declaration of the outbreak. Additionally, technical guidelines for case management, surveillance and laboratory activities were provided to the Ghana Health Service Response pillars. Technical staff led the review of job aids for case management, mortality audit, field investigation and data management. An important aspect of the response is the deployment of five officers who were trained in collaboration with WHO and Africa CDC. This multi-sectoral group was the African Volunteers Health Corps for Strengthening and Utilizing Response Groups for Emergencies (AVoHC-SURGE).

Cholera outbreak is a multisectoral problem which requires a multi-sectoral approach in the response. Partners such the International Organisation for Migration supported in conducting mobility mapping and interventions in the Ada East and West of the Greater Accra Region while the Global Fund also supported the government to enhance community awareness and action through health promotion and community engagements. Water, Sanitation and Hygiene interventions were primarily led by the UNICEF, Ministry of Sanitation and the Environmental Health Departments of the District Assemblies in the affected districts.

WHO also supported the application for Oral Cholera Vaccines which were deployed in phases to the Central and Western Regions. A coverage of over 90% was reached out of a targeted population. With the deployment of these multi-pronged response strategies, it is expected that the cholera outbreak will be contained soon.



Mpox: The robust surveillance system in Ghana was clearly demonstrated when the country identified 5 Mpox cases from Western North and Greater Accra Regions. This followed the WHO Director General's declaration of Mpox as a Public Health Emergency of International Concern in August 2024. WHO conducted series of partner engagements including mobilising health development partners in health security, Ghana Health Service, and civil society organisations to explain the implication of the declaration and mobilize support for the country. WHO mobilized resources from the Contingency Fund for Emergencies to support the activate the national and regional Public Health Emergency Operation Centres to coordinate the response, print IEC materials, support effective active case search, contact tracing and build capacity for case management to enhance the response. Hygiene in schools was promoted and sensitization of school children improved public awareness and hygiene practices.

This minimized the risk of transmission among community members. To facilitate early detection of cases, WHO also made available laboratory reagents for testing of suspected cases. These interventions boosted the overall response across the major pillars, breaking the chain of transmission and improved patient outcomes. No death was reported in the outbreak.



3.3.3 Boost for sub-national emergency response coordination

The emergency response coordination capacity of the Ashanti Regional Health Directorate and selected district shave been boosted through the training of multi-sectoral teams in Public Health Emergency Operation Centre (PHEOC) operations. The training strengthened the one health collaboration and clarified roles in emergency response. It is expected that this training will eventually ensure a unified command, avoid duplications and power struggle during emergency response.

A total of 25 officers drawn from the Ghana HealthService, Veterinary Service,National Disaster Management Organisation (NADMO) were trained. WHO wholly provided the funds for the training. Technical officers from the country office also provided facilitated teaching and experience sharing.

3.3.4 Journalists in Ghana Trained on Risk Communication and Community Engagement to Strengthen Public Health Emergency Response

Recognizing the pivotal role journalists play in shaping public perception and disseminating critical information during public health emergencies, the World Health Organization (WHO), in collaboration with the Ghana Health Service (GHS), held training sessions on Risk Communication and Community Engagement (RCCE) for journalists from eight regions in Ghana.

These workshops, funded by the Canada Development Program, aimed to equip media professionals with the knowledge and tools needed to report responsibly during public health emergencies.

The first training session in Tamale brought together 40 journalists from the Northern, Northeast, Upper West, and Upper East regions. The second session, conducted in Sunyani, also engaged 40 journalists from Bono, Bono East, Ahafo, and Savannah regions. Participants were introduced to critical aspects of public health, including how surveillance systems work, and the rigorous processes involved in declaring public health emergencies. To ensure accurate reporting, journalists were trained in the use of fact-checking tools to identify and combat misinformation — an essential skill in the age of viral fake news.



3.3.5 Development of IEC Materials for Public Health Emergencies in Ghana

In recent years, Ghana has faced several public health emergencies, from outbreaks of infectious diseases to natural disasters that disrupted the lives of millions. These crises highlighted the urgent need for effective communication strategies that could swiftly inform and empower communities, helping to mitigate the impacts of such emergencies. The World Health Organization (WHO), in collaboration with the Ghana Health Service (GHS) developed Information, Education, and Communication (IEC) materials designed to bolster risk communication and community engagement (RCCE) during public health emergencies in Ghana.

The project kicked off with a series of consultative meetings that brought together a diverse group of stakeholders, including public health officials, communication experts, graphic designers, veterinary, NADMO, and representatives from various organizations. The collective mission supported the development of IEC materials that were not only informative but also culturally relevant and easily understood by all segments of the population. Posters, factsheets, leaflets, videos, jingles and discussion guides were developed for diseases such as Mpox, Cholera, Dengue, Anthrax, bird Flu, Swine Flu, Ebola, yellow fever, typhoid fever etc. The developed IEC materials have been kept in the GHS's repository of health materials.

3.3.6 Transforming Epidemic Preparedness and Response in Ghana through Risk Communication and Community Engagement Teams at the lower levels

A transformative training program on Risk Communication and Community Engagement (RCCE) brought together a diverse group of stakeholders, with a goal of strengthening districts ability to respond effectively to public health emergencies at the lower level.

Organized by the World Health Organization (WHO) in collaboration with the Ghana Health Service (GHS) and funded by the Canada Development Program, this intensive workshop aimed to equip participants at the district and community levels with the skills and knowledge necessary to navigate the complexities of public health emergencies. The training sessions, held in nine regions and 87 districts trained approximately 2000 professionals.

3.3.7 RCCE and Pandemic Influenza Preparedness

The World Health Organization (WHO) supported the Health Promotion Division of the Ghana Health Service to ensure that communities are informed, involved, well-resourced, and prepared for pandemics caused by influenza and other respiratory pathogens. The specific goals included strengthening risk communication and community engagement (RCCE) systems established by the country, building knowledge translation capacity based on successfully implemented activities and enhancing effective infodemic management systems in Ghana. These activities achieved the following key milestones;

- The Savannah region and seven district RCCE teams were trained to support the effective implementation of pandemic preparedness activities, with 241 participants trained in total.

- Twenty Health Promotion Officers (HPOs) at headquarters received training on conducting infodemic surveillance and analysis related to pandemic influenza.
- A simulation exercise was organized for a sub-committee in the East Gonja district involving 25 multi-sectoral participants.
- Four informational contents and newsletters were developed to promote knowledge about pandemic influenza preparedness and RCCE activities.

To consolidate the gains and maximize the benefits of the knowledge gained, it is recommended that exploring alternative meeting formats, such as virtual options, is suggested to ensure meetings are conducted as recommended. Social media platforms were explored to facilitate regular communication among members, and fostering strong intersectoral collaboration by expanding the RCCE sub-committee membership to include other key stakeholders in the One Health initiative is also recommended.

A photograph of a woman holding a young child, both smiling. The woman is wearing a colorful patterned headwrap and a matching patterned top. The child is wearing a white dress. The background is a blurred indoor setting with a thatched roof. The entire image has a blue tint.

4.0 HEALTHIER POPULATION

4.1 Climate Change

4.1.1 Protecting health and environment through community engagement and dialogues

Community-centered approaches enable ownership and actions to drive local level changes to protect environment and improve health. As part of UN joint FOREST Okyeman project, the Eastern Regional Health Directorate, Ghana Health Service and partners, prioritized a series of community level interventions, with critical community stakeholders to raise public health awareness, while identifying barriers and opportunities to mobilize actions to safeguard and address environmental risks to human health in the Eastern region of Ghana.

With WHO technical support and funding through the UN Trust Fund for Human Security (UNTFHS), the Ghana Health Service and partners delivered critical health screening services including blood pressure, glucose, BMI and malaria checks and counselling. As a result, a total of 1653 people across eleven (11) districts, more than half being females (62%) benefited from heightened health awareness, early detection of health risks, with referrals to district level health facilities to seek care and treatment.



Similarly, because of dialogues with community leaders, youth and women groups across twelve (12) districts, community-level actions and strategies on tackling environmental risks – e.g. pollution, poor WASH, mercury use mining – identified have informed the development of district specific action plans, to enable district health systems to respond to safeguarding the environment and water bodies in mining and forest communities.

Lastly, over thirty (30) community and school environment health clubs have been established across nine (9) districts. This has arisen from capacity training to enhance school environments as critical points and empower learners as powerful agents to promote environmental, conservation and afforestation practices that protects community health.

Monitoring visits indicates underscore the need to support to strengthen schools to develop and implement tailored action plans, while leveraging school clubs to sustain preventive and promotive health around hygiene and sustainable WASH practices.



Monitoring visits indicates underscore the need to support to strengthen schools to develop and implement tailored action plans, while leveraging school clubs to sustain preventive and promotive health around hygiene and sustainable WASH practices.

4.2 Water, Sanitation and Hygiene (WASH)

4.2.1 Monitoring and tracking WASH expenditures through WASH accounts.

Adequate financing for water, sanitation, and hygiene (WASH) services is critical to reaching the SDG 5 on access to equitable clean water and sanitation. In 2024, Ghana successfully completed the 4th Round of Water Sanitation and Hygiene (WASH) Accounts, thus providing evidence on critical financial flows and expenditures in the WASH sector. Results show that the total WASH expenditure decreased by more than 50% between 2019 and 2022, while government share of total expenditure increased to 10% from 4% in 2019. This significantly falls short of the 21% estimated by the Ghana WASH Sector Development Programme (GWASHSDP). Capital investment is insufficient to meet national targets, with an average of 11% spent compared to the estimated 88% by the national WASH programme.

The WHO TrackFin methodology was used to conduct the national WASH accounts to track Ghana's progress against national and global WASH benchmarks. Financial and technical expert support provided by the WHO to the Ministry of Sanitation and Water Resources (MSWR) was instrumental in completing this task.

The results are being disseminated across different policy forums and is expected provide a better understanding of current expenditures including informing national policy decision and practice. This is also expected to empower development

partners and civil society stakeholders with robust evidence to inform engagement, advisory support, and advocacy for increase resource allocations to transform the WASH sector, to meeting national and global commitments on clean water and sanitation.

4.2.2 Achieving Universal Access to Hand Hygiene in Community Settings

Hand hygiene (HH) is a cost-effective public health measure to reduce transmission of infectious diseases. Over the years, WHO's focus has largely been on HH within the healthcare facility(HCF) setting. However, in the wake of the COVID-19 pandemic, the need for hand hygiene across all settings became even more evident. In June 2020, WHO and UNICEF launched the global Hand Hygiene for All (HH4A) Initiative. Subsequently the need to develop global guidelines on HH in Community Settings arose. Ghana is one of the co-designer countries of the global guidelines. The MSWR supported by the WCO assessed national mechanisms to develop & implement roadmap for hand hygiene improvement using the Global Framework for understanding a HH System.

In 2018, 49% of Ghanaians had access to handwashing facilities (MICS, 2018) this increased to 79% during the pandemic according to the USAID-led WASH Partnership for Learning and Sustainability (WASHPaLS). However, the GDHS 2024 reports 44% of households have access to basic handwashing facilities, indicating some of the gains made during the peak COVID may have been lost. The MSWR in its quest to attain universal access to basic handwashing services in 2030 (SDG target 6) signed onto the HH4A initiative and has developed minimum standards for 10 settings in Ghana including households, eateries, schools, offices. This led to the country being selected as one of the champion countries for hand hygiene. The MSWR with support of WHO convened 33 participants (15 male & 18 female)representing key stakeholders drawn from national and sub-national levels, and state and non-state actors who assessed national mechanisms, bottlenecks to progress on hand hygiene and articulated priority government actions that address these. The outcome of that engagement was consolidated and will feed into the Global Guidelines on Hand Hygiene in Community Settings.

WHO collaborated with UNICEF and other partner son the hand hygiene systems assessment and provided technical and financial support for the stakeholder engagement.

4.3 Cross Cutting Issues (LNOB, Gender, Equity & Rights)

4.3.1 Strengthening policy and institutional environment for gender, equity, and rights approaches in health

The WHO conducted a gender analysis in immunization delivery, to identify barriers, strategies, and opportunities to improve immunization and health services through the Canada Global Initiative on Vaccine Equity. The result was used to inform 12 gender-specific interventions across four regions (Ahafo, Oti, Savannah, & West North) in Ghana, enhancing capacities of district healthcare workforce and healthcare systems engagements mobilizing women, persons with disability and hard-to-reach communities.

Gender responsive health system are critical enabling drivers to respond to and address gender- based health inequities in health. WHO collaborative interventions have targeted policy and institutional settings to enhance capacity to deliver equity-oriented, gender responsive and rights policies, strategies, and programmes, towards leaving no one behind.



Through WHO strategic guidance, in collaboration with other partners, the Ministry of Health revised and launched the health sector gender policy, with an accompanying action plan. This is expected to provide strategic direction to drive cooperation, and resources to build health workforce capacities for gender integration; strengthen gender statistics in health formation systems; promote leadership for gender equality and evidence for socioeconomic and cultural determinants of gender-based health inequities.

Through WHO financial and strategic guidance, capacities on gender and health inequality monitoring have been enhanced for health and non-health actors towards improving equitable health services. Through WHO support:

- Six (6) WHO partnered civil society organizations have improved knowledge and enhanced skillset to conduct gender and health inequality monitoring, with beneficiaries producing critical knowledge products, which underscore inequalities in immunization, family planning services and anemia. These products are expected to be used as an advocacy tool to heighten actions to tackle gender and geographical-based inequities in health outcomes.
- 60 healthcare professionals in the Northern region have improved knowledge, skills and competencies to identify and respond to healthcare and community-level barriers to maternal mental healthcare. The knowledge and skills improved are expected to enable the delivery of gender-responsive, and rights-based respectful care to improve mental health of expectant mothers, during and after delivery.

Through WHO financial support, the Ghana Health Service successfully engaged about 16 socially identifiable populations groups representing government, cooperate bodies, trade associations, CSOs among others through an integrated approach to promote and increase uptake of breastfeeding and immunization services. This is expected to increase buy-in and lead to strategies in the workplace to enhance utilization of breastfeeding and immunization services, for parents with children.





5.0 CORPORATE SERVICES AND ENABLING FUNCTION

5.1 Partnerships and Resource Mobilization

5.1.1 Increased engagement to strengthen relationships with partners at the country level

WCO was also able to sustain the existing relationship and expand new partnerships with the in- country and global partners. Total of 41 partners were engaged with whom 56 bilateral meetings were held, led by the EPG and clusters. WCO also led and brokered a total of 32 multi-partner engagements and 25 country-level meetings with donors were organized which strengthened WHO's role in the public health spaces and re-enforced us a partner of choice. Partnerships with the non-state actors continued to expand with 7 new agreements signed after engagement and capacity assessments of 11 non-state actors.

A total of 2 formal agreements and engagements were made with partner UN agencies while the due diligence process completed this year will be processed for formalizing partnerships in 2025.

- **32 multi-partner engagements**
- **25 country-level meetings**
- **7 new agreements (with non state actors)**
- **2 agreements with UN agencies**

5.1.2 Improved local resource mobilization to ensure resources are more predictable and long term.

WCO secured 17.55 million USD in 2024 from four different bilateral, multilateral and non-state actor resource partners through 8 proposals developed and submitted in the reporting period. These initiatives will strengthen Ghana's pandemic preparedness capacities (Pandemic Fund), health system strengthening (FCDO) and policy support on the oral health (Borrow Foundation), while GAVI fund will support the EPI coverage survey and capacity building support. Additional USD 1.6 million USD is in the pipeline waiting for the approval from the donors.

5.1.3 Ensured 100% of donor reports are submitted on time with coordinated grants management

All(100%) of the donor reports (6) were submitted on time to the donors in 2024. Regular follow- up, tracking and engagement with donors by the WCO contributed to consistently meeting the quality requirements and compliances.

5.1.4 Partner recognition, visibility and contributions management ensured at high standards

A total of 24 internal and external follow-up sessions were carried out to ensure effective grants management and implementation. 11 field visits were organized to showcase the progress, monitor implementation, and create awareness among the partners in a year.



More than 600 social media posts were made on different platforms acknowledging the donors and partners together with quality audio-visual content. Additionally, over a dozen human interest stories, press releases and success stories were published recognizing donors and partner contributions.

5.2 Strategic Communication

5.2.1 Improve Social Media Engagement and Presence and Communication Updates

In 2024, WHO Ghana's social media presence saw remarkable growth and engagement, with approximately 850 posts shared on Facebook and X (formerly Twitter). These posts delivered timely updates, health tips, and interactive content, driving increased visibility and consistent messaging. The platforms gained 1,545 new followers, reflecting enhanced community connection and trust. High-performing campaigns, including those on Dengue Fever and the Measles-Rubella vaccination, ranked among the most impactful, boosting awareness and participation.

In one of our X Spaces themed "Delivering maternal mental health services devoid stigma", we had 800 live listeners and 200 recording plays. These achievements underline WHO Ghana's commitment to fostering meaningful interactions and leveraging digital platforms to spotlight health initiatives and engage with online communities effectively.

- Approximately 850 posts were shared across Facebook and X (formerly Twitter), providing timely updates, health tips, and interactive contents.
- A notable increase in follower engagement was achieved, with 1,545 new followers gained across platforms.
- High-performing campaigns were executed, including posts on Dengue Fever and the Measles-Rubella vaccination campaign, which ranked among the most successful content.
- Prepared and presented weekly communication updates during the weekly professional meetings, providing timely insights on ongoing activities and upcoming initiatives

5.2.2 Communication Support for Key Events and Health Campaigns

WHO Ghana utilized targeted social media campaigns to amplify the reach and impact of key vaccination initiatives in 2024. For the Polio Vaccination Campaign, tailored messages were shared across platforms, complemented by a comprehensive impact story capturing the campaign's outcomes. During the Measles-Rubella and Vitamin A Supplementation Campaign, social media posts spotlighted success stories, particularly from hard-to-reach communities, showcasing resilience and progress. Similarly, the Oral Cholera Vaccination Campaign leveraged engaging content to boost awareness and participation, with a detailed story drafted for publication. These efforts underscore WHO Ghana's dedication to driving health awareness and highlighting impactful interventions.

- **Polio Vaccination Campaign:** Targeted social media messages were shared, and a comprehensive impact story was drafted. [More here](#)
- **Measles-Rubella and Vitamin A Supplementation Campaign:** Social media posts were created and disseminated, highlighting success stories from hard-to-reach areas. [More here](#)
- **Oral Cholera Vaccination Campaign:** Social media content was produced to drive awareness and participation, with a story drafted for publication.

5.2.3 Video production

In 2024, several impactful video projects were produced to highlight WHO's contributions and key achievements in health interventions across Ghana. These included a video showcasing the transformative impact of Clinical Mentorship Training in Kintampo and Atebubu, emphasizing improvements in healthcare delivery.

A documentary on flood contingency planning captured WHO's support to NADMO and health directorates in districts affected by the Akosombo Dam spillage, illustrating the response efforts. Other projects focused on mental health interventions for victims of the 2023 Volta Region floods and efforts to strengthen disease surveillance to prevent outbreaks in affected areas. Videos also highlighted the UKFCDO Regional Tour's achievements in health system strengthening and the capacity-building outcomes of the AVoHC Surge Training in Koforidua. These productions effectively conveyed WHO's impact, ensuring alignment with organizational messaging and resonating with target audiences.

- **Clinical Mentorship Training Impact:** Directed and coordinated the video production process to showcase the training's impact in Kintampo and Atebubu, emphasizing improvements in healthcare delivery.
- **Flood Contingency Planning:** Led the direction of a documentary highlighting WHO's support to NADMO and health directorates in districts affected by the Akosombo Dam spillage, ensuring critical details were captured to illustrate the response efforts. [More here](#)
- **UKFCDO Regional Tour:** Supported the production of visual content that showcased the tour's key achievements in health system strengthening across multiple regions.
- I. [Strengthening Health Systems in Ghana: WHO and UKFCDO Partnership Visits Volta Region](#)
- II. [WHO Ghana's Officer-in-Charge Leads Field Visit to Ashanti Region: Enhancing Healthcare Through UKFCDO Partnership](#)
- III. [Bridging the Health Inequality Gap through improving Access to essential health services in Bono East](#)
- **Mental Health Support for Victims of the 2023 Flood Disaster in the Volta Region:** Directed video shoots to highlight mental health interventions, giving a voice to beneficiaries and emphasizing WHO's contributions. [more here](#)
- **Strengthening Surveillance After the 2023 Flood Disaster:** Oversaw the shooting of video content to document efforts to bolster disease surveillance and prevent outbreaks in affected areas. [more here](#)
- **AVoHC Surge Training:** Directed video shoots to capture the training's impact in Koforidua, focusing on capacity-building outcomes and participant experiences. [more here](#)

5.2.4 Published Newsletters and Stories

In 2024, WHO Ghana published 14 stories on its website, highlighting the organization's impactful contributions to advancing public health. These stories captured key initiatives, successes, and collaborations, providing valuable insights into WHO's efforts across the country. Additionally, newsletters for the second quarter and second half of the year were released, offering a comprehensive overview of activities and milestones achieved during the period. These publications played a vital role in keeping stakeholders informed and engaged, reinforcing WHO Ghana's commitment to transparency and effective communication.

14 stories published

5.2.5 Media Capacity Building and Media Engagement

WHO Ghana strengthened capacity building and media engagement efforts to enhance public health communication. Media training sessions were organized to equip journalists with skills in Risk Communication, Community Engagement, and interpreting health data, particularly from the STEPS Report. These sessions provided tools and strategies to effectively disseminate accurate public health information, fostering stronger collaborations between WHO Ghana and the media.

Additionally, media coverage was coordinated for key events, such as the donation of 4,000 Dengue Fever test kits to the Ghana Health Service, ensuring widespread visibility and awareness of critical health interventions.

- Facilitated media training sessions for 80 journalist on Risk Communication, Community Engagement, and interpreting health data from the STEPS Report.
- Provided journalists with tools and strategies to effectively disseminate public health information, strengthening collaborations between WHO Ghana and the media.
- Coordinated media coverage for significant events, such as the donation of 4,000 Dengue Fever test kits to the Ghana Health Service



5.3 IOS HQ Audit and Compliance Review

5.3.1 Transparency, Accountability and Risk Management

A post-facto review of Direct Financial Corporation conducted by the AFRO Compliance, Risk Management and Assurance Team (CRMA). The review sampled five (5) Implementing Partners including the Ministry of Health, Ghana Health Service, KNUST college project. Based on the overall results of the quality assurance review, the AFRO CRMA came to “an overall conclusion that the Implementing Partners’ recordkeeping was good, and that DFC expenditure were adequately supported with relevant documents and therefore, “there is a reasonable assurance that funds are being used for the intended purpose and that DFC objectives should be met”.

The review of implementing Partners financial management architecture in Ghana was also rated 83% and captured in the compliance scorecard dashboard as Green. Regardless of the rating, there were a few identified weaknesses with recommendations to be addressed by the implementing partners and WCO Ghana; Partners were expected to refund expenditures that were classified as ineligible expenditures. The WCO Ghana Office was task to recover these funds and to provide further training to Implementing Partners on the DFC Standard Operating Procedures. These activities have been duly complied with and partners concern also refunded funds in the sum of GHS 815,087 equivalent of USD 53,448.33.

5.4 Human Resources

In 2024, the WCO Ghana had a work force totaling fifty- seven (57) comprising of thirty-five (35) males and twenty-one (21) females. The country office workforce is made up of regular staff (19 males and 15 females), 1 UNV, SSAs (11 male and 4 female). The regular international Professional staff stood at seven (7) with three (3) being females and four (4) males.

Recruitment processes to backfill vacant national staff position and the new CPCP position started in earnest and at various stages of completion. The list of recruitments underway include the following:

- Health Financing – NOC
- Procurement Assistant – G7
- Drivers – G2
- Urban Initiative Officer – NOB
- Disease Prevention Control- P 4 (CPCP)
- Diagnostic and Laboratory – P4 (CPCP)
- External Relations Officer - P3 (CPCP)

These CPCP recruitments are intended to strengthen the WHO country presence and to bolster the technical sharpness of the MCAT hub and country support to member states in Ghana and the English West Africa countries (including the Gambia, Sierra Leone, and Liberia).

5.5 Programme Budget and Financial Management

The year 2024 marks the starting year of the 2024/2025 biennium and the total allocated budget was USD 32,503,644 with a planned cost USD 27,729,487 and the year ending at a financing rate at 73% (available funds of USD 20,235,870). Of these available funds, utilization for both Staff and Activity costs stood at 78% (USD 15,711,683) for all workplans by the close of the year 2024. The proportion of total funds utilization to all activities was USD12,773,778 constituting 81% of all expenditure with staff costs standing at USD 2,937,905 constituting 19%.

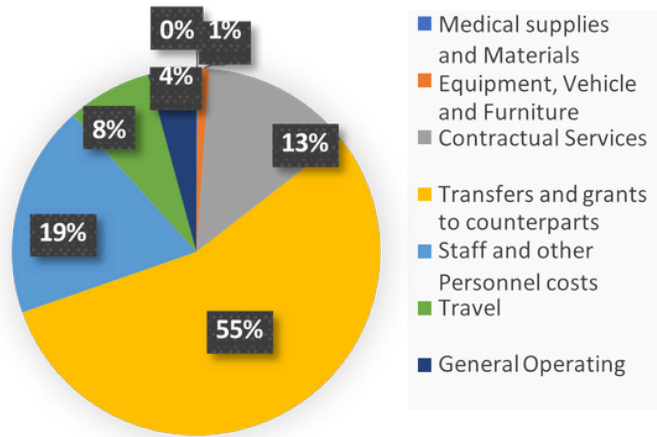
5.5.1 Disbursements of Funds by Expenditure type

The total utilization of available Funds during the end of the year 2024 stood at USD 15,711,683 against the available fund of USD 20,235,870. In comparison to 2023 utilization which stood at USD 13,242,323 this represents a 19% increment.

55% of the 2024 utilization went out in support to counterparts for activity implementation totaling USD 8,666,332, while General operation cost stood at USD 661,433.07 constituting 4%. Other Costs included the procurement of medical supplies and materials amounting to USD24,560 in support of government counterparts’ activities.

The Staff and Personnel costs accounted for 19% (USD2,937,905) of total utilization with Contractual services making up 13% (USD2,100,221).

Utilization by Expenditure type



5.6 Transparency, Accountability and Risk Management

The local compliance and risk management committee [LCRMC] was appointed by the WR, and committee met every two months to review the internal controls and risk register to ensure the country office operations are not at risk. Besides the LCRMC kept working at improving on the key recommendation emanating from the AFRO Administrative compliance review conducted November of 2024.

This has further created staff awareness on issues of transparency, internal controls, and accountabilities at all levels of responsibilities and routine tasks. So much information is available, all staff members completed the mandatory ilearn course on risk management. The continuous discussion of the relevant SOPs at staff meetings continued to strengthen and enhance staff performance and adherence to the rules, regulations, SOPs, and guidance. The use of the key performance indicators [KPIs] monthly measure of WCO performance also kept staff on track with the routine tasks to ensure performance is on track to achieving the relevant KPIs. The continuous comparison of actuals against the well-defined KPIs is a self-check for continuous improvement in quality service delivery.

5.7 Compliance and Control Framework

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

In November 2024 the country office at a staff meeting reviewed collaboratively the internal controls Self-Assessment framework [ICF] to assess the performance of the office and the country office scored 3.75 [strong] for the Internal Control Self-Assessment checklist. The operational Control which considered the Internal environment, risks management, control activities, information communication and monitoring. Whilst the functional controls score was 3.6 assessing the areas of planning, budgeting, and monitoring of workplans, donor agreements and awards management, Human resources, Security, procurement, travels, Asset management, accounting and financial management.

Much awareness creation and staff capacity has been enhanced through these assessments during the year. The collaborative process of reviewing the ICF Self-Assessment checklist provides a platform awareness creation to all staff on the Standard Operating Procedures and requirements of the Internal controls framework, Risks Management and the Financial Management Policies.

5.8 Assurance Activity and Implementing Partner Risk Assessment

The annual Implementing Partner Self-assessment checklist and assurance activities was conducted by the WCO Finance Team visiting the implementing Partners - MOH and its agencies achieving 90% (18/20) of the target for IP Assessment and Assurance activity including the followed up with the regional Health directorates that cumulatively received funds above USD50,000. During these field assessment visit, the SOPs for the disbursement of WHO funds to WHO sponsored activities were discussed and further orientation on the various modalities/mechanisms for disbursement and reporting on such activities provided. This has

enhanced the implementation of WHO Sponsored activities in line with the agreed implementation timelines, it has also significantly reduced the delays on submission of reports by implementing partners. Keeping the country office on track with the DFC KPIs by achieving 70% green KPIs against the minimum standard target of 75%.

5.9 Robust ICT Support Services

Following AFRO ITM and IT infrastructure reviews and assessments in Country offices, Countries were to upgrade and modernize their IT infrastructure to comply with the ITM standards and recommendations, so we acquired new IT equipment - A Cisco Catalyst 9800-L Wi-Fi controller and 13 Cisco Access Points (Catalyst 9115AX Series): to replace the office's obsolete and unsupported Wi-Fi infrastructure.

WCO Ghana installed a Videoconferencing equipment: A Cisco Webex Codec Plus: to provide the office with its first and modern videoconferencing facilities. IT with support from IST/WA successfully configured, installed, and commissioned the Wi-Fi controller and the Thirteen (13) access points with authentications dedicated to Staff done via WIMS account and Guest (dedicated to visitors and staff peripherals (smartphones and private computers), via a Pre shared key.

WCO Ghana successfully commissioned the CISCO WEBEX Videoconferencing equipment that provided a standard modernized conferencing facility for the country office. WCO Ghana office acquired a new VSAT equipment to replace the old one of 15years. This has been configured, installed and functional to boost Internet capacity. Also, Setup additional fifteen (15) Synergy X laptops for staff during the year and ensured that all WCO workstations were fully compliant to WHO ITM requirements.

Ghana continued to achieve a high rating of all green ITM KPI for “My Service” throughout the year 2024. Ghana IT was one of the countries who opted for the Pilot implementation of deployment of machines to be upgraded from Windows version 22H1 to version 22H2 successfully. Upon the successful migration, the project was globally rolled out. Forty-Five (45) Laptop and Desktop computers were manually and successfully upgraded from Windows 10 Enterprise Operating System version 22H1 to version 22H2 on all users’ computers to conform to ITM workstation and security requirements.

5.10 Fleet Management

The country office has a total of twelve (9) vehicles with current driver strength of eight (8), during the year under review one (1) of these vehicles have not been engaged for field mission due to aging and high maintenance costs. However, the total cost associated with the management of the fleet involving the 11 active vehicles was captured as shown below:

Item/Description	Total Costs	Average cost/visit
Running Cost	581,700	52,882
Fuel	460,000	41,818
Maintenance/repairs	124,685	11,335
Maintenance/repairs	43	3.9
Distance [Km]	174,662	15,878
Vehicles	11	

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

5.11 Procurement

The Ghana country office has a vibrant Local Procurement Committee [LPC] conscious of supporting programme Implementation by ensuring that the Relevant SOPs relating to procurement are strictly adhered to by ensuring the principles of fair, transparent and open competition are observed in all selection processes. The committee meets almost every week to review requests for procurement of good and services. During the year under review, over two hundred and twenty-one (21) Purchase Orders were issued valued at USD1,655,216 for local procurement of goods. A total of twenty-one (21) LPC deliberations were successfully carried out. Notable procurement of goods activities were procurement of RDTs for Cholera outbreak, logistics for campaigns, hotel rentals, Consultancies, meetings and conferences.

5.12 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.

A woman with dark skin and braided hair, wearing a blue polka-dot shirt and a blue lanyard, is gesturing with her right hand raised. She is standing in a room with wooden walls and a red bin. In the foreground, there are several boxes, one of which is labeled "BioPack-2". The text "6.0 CHALLENGES RECOMMENDATION AND WAY FORWARD" is overlaid in white on the image.

6.0 CHALLENGES RECOMMENDATION AND WAY FORWARD

6.1 Programme Challenges

The following key challenges were identified during programme implementation in the reporting year;

- Delay in kick-off of some activities: The AVoHC-SURGE delayed unduly in commencing due to competing priorities by the Implementing partners.
- Multiple outbreaks: During the year, the country reported multiple outbreaks occurring almost concurrently. These included the Dengue Fever, Mpox and the Cholera outbreak. These outbreaks not only necessitated the repurposing of some funds but also put a strain on the implementing partners thereby affecting the implementation of planned activities.
- Delays in port clearances of medicines and weak supply chain management, with delay in the release of counterpart fund for vaccine payment.
- Few donors/partners in the NTD space despite the high prevalence of some endemic NTDs such as snake bite envenoming, and scabies. Underfunding of Mass Drug Administrations.
- High volunteer attritions affecting community-based interventions.

6.2 Mitigation Measures

- To ensure swift response to the outbreaks, funds for some planned activities were repurposed. Additionally, WHO leveraged on its comparative advantage to mobilize development partners to synergize efforts, reduce duplication and enhance effective response.
- Continuous advocacy and engagements: There was continuous engagement with the implementing partners and follow-ups to expedite the implementation of activities.
- Resource Mobilization: The WHO team embarked on resource mobilization from alternative sources to finance planned activities which were not funded in the year.

6.3 Lessons Learnt

- Continuous partner engagement is essential for the successful implementation of initiatives. Despite joint initial planning and agreement of priorities, there is the need to ensure regular joint review of progress to keep planned activities on the radar.
- Availability of funds for other activities not planned for the period can throw planned activities off board. This usually happens when funds are not available for planned activities, but other funded projects come up in the year.
- Provision of timely and strategic technical support improves WHO visibility and the collaboration with health partners.
- Leveraging of available funds for the integration of activities enhance the achievement of program objectives.
- Engaging journalists early in the public health response process is crucial. It helps them understand the context and complexities of emergencies, leading to more accurate and informed reporting.
- Transparent communication between health authorities and stakeholders builds trust. Providing journalists with timely and accurate information prevents the spread of misinformation and promotes public trust in health interventions.
- Collaboration between health officials, journalists, and other stakeholders is key to a cohesive response. Multi-sectoral efforts ensure that diverse perspectives are considered, leading to more comprehensive and effective communication strategies.
- Creating a repository of IEC materials within the GHS ensures that resources are readily available for future emergencies. This preparedness allows for a swift response, minimizing the time needed to develop new materials during a crisis.

6.4 Recommendations

- WHO Country Office to Institute quarterly review of planned activities with the Implementation Partners
- All clusters and teams to collaborate with EPG colleagues to enhance resource mobilization from other funding sources.
- WHO AFRO to continue to provide some funding support to enhance WCO strategic technical support especially in emergency situations.
- Government to prioritize support to NTD program including but not limited to provision of medicines and logistics supports
- 3-level WHO to provide technical support for the malaria elimination efforts of the country.

Acknowledgement

We extend our heartfelt gratitude to the Government and people of Ghana for their continued support to the work of the World Health Organization (WHO) at all levels. We are especially thankful to the Ministry of Health and allied institutions for their strong collaboration throughout 2024.

Our sincerest appreciation goes to the following partners who stood with us in 2024, enabling us to support the Government of Ghana's health sector agenda:

- Bloomberg Family Foundation
- Borrow Foundation
- Canada
- Contingency Fund for Emergency (CFE)
- Directorate-General for International Partnerships (INTPA), European Commission
- European Investment Bank
- Foundation Botnar (FB)
- France
- Gates Foundation
- Gates Philanthropy Partners
- GAVI Alliance
- Germany
- Joint United Nations Programme on HIV/AIDS (UNAIDS)
- London School of Hygiene and Tropical Medicine
- Merck & Co., Inc.
- New Venture Fund (NVF)
- Norway
- Pandemic Fund
- Pre-Qualification Fees (PQF)
- Program for Appropriate Technology in Health (PATH)
- Republic of Korea
- Rotary International
- Spain
- Sweden
- UN Multi-Partner Trust Fund (MPTF)
- United Kingdom of Great Britain and Northern Ireland
- United Nations Development Programme (UNDP)
- United Nations Fund for International Partnerships (UNFIP)
- United States of America
- WHO Foundation
- World Diabetes Foundation



**World Health
Organization**

Ghana

PO Box M.B. 142, Accra
No. 12 Agbaamo Street,
Airport Residential Area, Accra (Near Nyaho Medical Centre)
Digital Address: GA-118-4233.