

ANNUAL REPORT 2018



World Health
Organization

GHANA

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FOREWORD



The focus of the World Health Organization (WHO's) support during the year under review was on priority areas for both Government and WHO including: improved access to quality essential health services, attainment of Universal Health Coverage (UHC) through strengthening of health systems and Primary Health Care, addressing public health emergencies and promoting healthier populations through multisector actions and approaches.

Similar to preceding years, the office continued to play an active role in existing partnerships and coordination mechanisms including Development Partners (DPs) Group, UN Sustainable Development Partnership (UNSDP) Thematic Working Groups, and the Health Sector Working Group among others

In the reporting year, the main achievements registered by WCO in support of the country's efforts included improved coverage of sexual and reproductive, maternal, neonatal, child and adolescent health (SRMNCAH) and priority interventions, increased and sustained vaccination coverage, strengthened country capacity to prevent, detect and respond to public health emergencies, strengthening national capacity and coordination mechanisms in the area of HIV/AIDS, Malaria, TB, Public health emergencies preparedness and response, non-communicable diseases, NTDs and Mental Health.

It is worth noting that the WCO played an important role in strengthening national, regional and district health systems and services through people-centred service delivery approaches in line with the implementation of the Primary Health Care (PHC) principles.

In addition, financial support, amounting to US\$ 1,962,330 was released through the direct financial cooperation (DFC) for implementation of programmes.

The country office owes a debt of gratitude to AFRO, IST and HQ for the support during the year. The office owes same gratitude to the Ministry of Health, the Ghana Health Service, Development Partners and other stakeholders for the collaboration and team-work during the year 2018.

I would also want to seize the opportunity to thank all WHO staff who dedicated their expertise and time to support their counterparts and closely work with health development partners for better alignment and harmonization of programmes to the benefit of the Ghanaian people. The country office hopes to work with the same team spirit and enthusiasm in the year 2019 and beyond.

Dr Owen Kaluwa
WHO Country Representative for Ghana

Foreword

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SIGNIFICANT ACHIEVEMENTS BY CATEGORY OF WORK

CATEGORY 1 COMMUNICABLE DISEASES

1.0 HIV/AIDS

HIV

Ghana has a low but generalized HIV epidemic with a prevalence of 1.60% among general population and 6.9% among Key Populations (sex workers). Estimated Persons living with HIV (PLHIV) is 310,000 (2017). There were an estimated 19,000 new infections of which 3,400 (18%) were children 0-14 years and 16,000 HIV deaths of which 2,900 (18%) were children under 14 years of age (NACP 2017).

PLHIV knowing their status is currently 62% with ART coverage of 45% and 56% among pregnant women (2017). Viral

Load suppression is 14%. For children 0-14 years, ART coverage is as low as 15%. The country has adopted the "Treat All" policy and has developed a 90-90-90 acceleration plan to drive the attainment of the global targets. It has again with the support of WHO and USAID adopted a differentiated model of care for HIV management which is being rolled out. Last year the focus of WCO support was on testing, treatment, care and strategic information.

Key Activities, Outcomes and Achievements

Review of HIV Testing Services

The NACP was supported by WHO, USAID and the Global Fund to undertake a review of the HIV data and the HIV Testing Services (HTS). A High level meeting subsequent to this consultation recommended technical assistance for a functional HIV data system and e-tracker. WCO therefore provided support for a technical working group that was formed for the establishment of a functional e-tracker. Some activities of the working group that were undertaken were monitoring and data validation to identify the challenges of HIV e-Tracker. On HIV testing services, the NACP was again

supported to evaluate the Duo HIV-Syphilis Test kit for adoption to use at antenatal clinic through the engagement of a consultant.

HIV Data Triangulation

The mission on HIV data revealed gaps in the HIV data as well as inconsistencies in some indicators particularly on numbers or clients currently on ART. WCO therefore engaged a consultant jointly with a UNAIDS consultant to provide technical assistance for a data triangulation process. This exercise successfully established the numbers currently on ARTs as 100,000 which was well accepted and endorsed by stakeholders.

Differentiated Service Delivery (DSD)

The Differentiated Service Delivery approach is one of the key strategies to achieving the 90-90-90 roadmap. WHO and USAID with funding support from the Global Fund supported all the processes that led to the adoption of the DSD. WCO and partners supported the process to roll out training on the DSD which was begun in the year.

Capacity building for HIV strategic information and reporting

In response to capacity gap in HIV data with regards to the use of the SPECTRUM software for global reporting, the WCO strategically supported two members of staff of the National HIV/AIDS and STI Control Program (NACP) to undergo a capacity building workshop on the use of the SPECTRUM software for HIV data and reporting. This workshop took place in the last quarter in Johannesburg. The staffs trained are directly involved in HIV reporting hence this support was much appreciated.

1.2 Tuberculosis

The National TB Control Program (NTP) is pursuing a strategic plan 2014 to 2020 in line with the Global End TB Strategy. The main program objectives are to reduce the national TB prevalence of 290 per 100,000 (2013) by 20% by 2020 and also to early screen, detect and enrol into treatment all forms of notified (new cases) TB.

Although the NTP performs very well with treatment outcomes more than 80% over the years, case detection rate remains low at 34%. The out-patient screening for TB which was introduced to improve upon the case finding is still suboptimal. The NTP is making efforts for an intensification of the OPD symptom screening to include screening of prisoners and high school students for TB.

Another challenge is the delay in initiation of MDR cases on treatment. There are also issues of inadequate funds for community follow ups of both sensitive and drug resistant TB cases which poses a risk for increase in drug resistant TB. The NTP has started the process of policy adoption for TB Preventive Therapy (TPT) and Latent TB Infection (LTBI) treatment which WCO is supporting.

Key Activities, Outcomes and Achievements

Greenlight Committee (GLC) Mission on Drug Resistant TB.

This mission was successfully carried out in July, 2018. The mission led by a GLC consultant in collaboration with the WCO undertook a laboratory capacity assessment for MDR and XDR diagnosis with regards to 2nd line drug sensitivity testing. Capacity was also built for about 40 clinicians and biomedical scientists on XDR and Pre XDR management and interpretation of LPA results among other topics by the consultant. In line with this, the MDR guidelines were updated to include XDR management. This mission was co implemented with the Global Drug Facility mission which also built capacity for key NTP staff on TB medicines quantification.



GLC mission team on laboratory assessment for Drug Resistant TB

Dissemination and Policy Dialogue for TB patient cost survey

WHO in collaboration with partners supported the dissemination and policy dialogue of the findings of the TB patient cost survey which was supported by WHO, London School of Hygiene and Tropical Medicine, USAID and the Global Fund. Evidence from the survey revealed a high cost burden for TB patients and this evidence has led to a policy directive for TB patients to assess free laboratory and treatment in addition to other social protection support such as enrolment on the Livelihood Empowerment Against Poverty (LEAP) program.

The TB Preventive Treatment (TPT) Guidelines

WCO supported the adoption and development of the TB Preventive Therapy (TPT) guidelines. TPT is one of the key interventions to prevent TB among contacts and immunosuppressed individuals such as PLHIV. WCO provided funding support for the working sessions for the guidelines development.

TB Case Finding in Prisons and Schools

WCO supported TB screening exercise at the Nsawam Prisons for inmates and officers. This forms part of the effort by the NTP to improve TB cases detection and management in the prisons. This successful exercise involved the use of digital chest Xray followed by Gene Xpert test for all those with high digital Xray scoring.

WCO again supported the high school screening exercise in the Central Region. This is an initiative which is also part of a governmental policy to ensure free enrolment and health screening in senior high schools. This activity was very well organized and highly patronized.

1.3 Malaria

The National Malaria Control Program (NMCP) is pursuing the 2014 -2020 strategic plan which is in line with the Global Technical Strategy. Efforts in the control of malaria coupled with funding support provided by partners such as the Global Fund and the President's Malaria Initiative (PMI) have resulted in the reduction of malaria parasite prevalence to the current 20% in 2016 and a case fatality rate of 0.06% (2018). The country has attained the universal LLINs coverage with more than twelve (12) million LLINs distributed and has made progress with key interventions such as the seasonal malaria chemoprevention and improved testing rate among others. Although malaria morbidity and mortality have reduced significantly out of these efforts, it still contributes considerably to the global burden of the disease and Ghana is classified among the ten top high burden countries of the world. This calls for intensification of the case management and prevention interventions. In view of the emerging threat of resistance development to antimalarials and to insecticides, WCO strategic support focused on these areas.

Key activities, Outcomes and Achievements

Efficacy monitoring of antimalarials.

Efficacy studies of antimalarials are undertaken every two years by the Noguchi Memorial Medical Research Institute. The results of these studies inform the NMCP to either review or maintain the medicines of the malaria treatment policy. The WCO provided funds to support Noguchi to carry out a two day training of research teams drawn from the ten (10) sentinel sites on the study protocol. Data collection has been planned for 2019.

Insecticide resistance monitoring.

The NMCP is supported by an Insecticide Resistance Monitoring Partnership led by Noguchi to provide annual insecticide resistance data to inform programmatic choice of insecticides particularly for indoor residual spraying (IRS). WCO provided technical and some financial support for the annual field data collection exercise. Results from the field data collection have established some resistance development to the four classes of insecticides. This information has informed the current insecticide rotation policy of the insecticide resistance management plan for areas where indoor residual spraying is going on.

Seasonal Malaria Chemoprevention (SMC)

Seasonal Malaria Chemoprevention (SMC) is a key preventive malaria intervention which is carried out annually in the northern zone of the country during the rainy season. SMC is an annual activity supported by the WCO through providing field supervision. This activity is usually carried out successfully. On site corrections are made as necessary and recommendations are made for further improvement.



Last year SMC was carried out in only Upper East and Upper West due to limited resources. It is envisaged that all the three northern zone regions will be covered in 2019.

1.4 Neglected Tropical Diseases (NTDs)

The Neglected Tropical Diseases (NTDs) endemic to Ghana include:

- (i) Lymphatic Filariasis, Onchocerciasis, Trachoma, Schistosomiasis and Soil Transmitted Helminthiasis which are mainly controlled by Mass Drug Administration (MDA) and
- (ii) Buruli ulcer, Yaws, Leprosy and Human African Trypanosomiasis which are managed on individual basis. (iii) Guinea worm disease is in post certification phase.

Key Activities, Outcomes and Achievements

Support for MDA and NTD Surveys

WHO technical and logistic support for NTD covers planning, research and surveys, surveillance and mapping and enables delivery of drugs for Mass Drug Administration (MDA).

In 2018, WHO's logistical support enabled the application and supply of drugs worth USD 52,787,455.18 for community-based MDA to prevent lymphatic filariasis and onchocerciasis. Coverage of more than 81% was achieved across the various regions.

A school based MDA was also implemented to protect the school children against schistosomiasis, and soil transmitted helminths in 49 highly endemic districts across the country. More than \$300,000 from WHO ESPEN was made available to cover operational costs and educational materials.



The highly successful campaign reached 85% of the targeted children.

Lymphatic filariasis transmission assessment surveys (TAS) are conducted in districts that have benefitted from several rounds of MDA. The objective is to assess for MDA effectiveness which would mean transmission of LF has been interrupted curtailing the need for any more MDA. Diagnostic reagents used in (LF) transmission assessment surveys (TAS) were supplied to the NTD program. TAS was conducted in 5 districts Techiman Municipal, Techiman North in Brong Ahafo Region and Kassena Nankana Municipal, Builsa North and Builsa South in Upper East Region. All the districts passed the TAS indicating LF transmission has been interrupted with no further need for MDA in these districts.

Trachoma

Ghana became a trailblazer as the first country in WHO's African Region to eliminate trachoma (the leading infectious cause of blindness) as a public health problem. This achievement is occurring 2 decades after the World Health adopted resolution targeting the global elimination of trachoma as a public health problem. The country's Trachoma Elimination Programme implemented the WHO-recommended elimination strategy, SAFE, which comprises Surgery for trichiasis, Antibiotics to clear infection, Facial cleanliness, and Environmental improvement to reduce transmission. WHO provided leadership and coordination and also facilitated dossier review and certification of elimination for Ghana.



WHO Representative handing over the certificate of Trachoma Elimination to the Honorable Minister of Health

Human African Trypanosomiasis (HAT)

HAT also known as sleeping sickness is one of the diseases targeted for elimination in Ghana. This requires surveillance data from previously endemic sites indicating that no more cases are being reported despite active surveillance for the disease. In 2018, WHO maintained logistical and operational support for HAT surveillance at the 11 HAT sentinel surveillance sites in Mampong, Adidwan and Ejura (Ashanti region), Damongo (Northern regions and Wechiau (Upper West region).



Monitoring at one of the HAT sentinel sites

At the sentinel sites, a first line rapid diagnostic test (RDT) was used to test 1,754 suspected HAT cases. Even though 17 were identified as potentially positive by the RDT, the WHO Collaborating Center in Burkina Faso ruled out truly positive HAT cases when the samples were subjected to the gold standard tests.

NTD Supply Chain Mission

To help improve the management and accountability of drugs supplied to the NTD program for mass drug administration, WHO organized a mission to review the NTD medicines supply chain management system; assess the current status of the inventory of the medicines and provide technical support to address the challenges affecting the supply chain management system for preventive chemotherapy (PC) medicines. The mission identified several strengths including strong leadership in program implementation and collaboration with partners in NTD elimination and control activities. The lack of an integrated data management and reporting system with consequent limitations in NTD medicine management reporting as well as challenges in medicine quantification were identified as gaps. To help address these gaps WHO will be supporting the NTD program through a technical mission in 2019 to strengthen NTD data management and rug accountability processes.

Cutaneous Leishmaniasis (CL)

Cutaneous Leishmaniasis (CL) is one of the skin neglected tropical diseases previously reported in Ghana. Outbreaks had been recorded between 2000 and 2010 with more than 6000 cases reported. There was however no active control programme implementation in place with no data on the disease reported in recent years. A joint AFRO-HQ mission organized to Ghana in October 2018 confirmed the existence of cases in the Volta and the need to control CL through case detection and management as well as establish routine surveillance activities.



Team interaction with the district team during the CL Mission

The WHO mission supported the Ghana Health Service to develop a work plan for rolling out CL control activities in the context of the integrated Skin NTD approach. WHO has subsequently made available resources to support CL coordination, guideline adaptation and training activities which will enable CL case detection, surveillance and case management.

Guinea Worm Disease (GW)

In 2018 a total of 64 GW rumours were investigated out of which 61 (95%) were seen within 24 hours with none confirmed as a case; this a reduction compared to 82 investigated the previous year. The GW programme is in its third year of post certification, well integrated in the National Surveillance System but has funding gap. Funding to sustain disease awareness and honour heroes and Partners supported Ghana's certification in 2015 needs to be mobilized as the way forward.

1.5 Vaccine Preventable Diseases (VPD)

The WHO supports the Ministry of Health and the Ghana Health Service (GHS) in the implementation of immunization and disease surveillance activities. These are done through the Expanded Programme on Immunization (EPI) and the Disease Surveillance Department; all of the Public Health Division (PHD) of the GHS. The mandate of the EPI Programme is to reduce morbidity, mortality and disability due to vaccine preventable diseases (VPDs) through immunization; an essential component of Primary Health Care (PHC). Accomplishing this mandate requires achieving and maintaining high vaccination coverage levels, improving vaccination strategies among under-vaccinated populations, prompt reporting and thorough investigation of suspected diseases, and rapid institution of control measures.

The WHO provided support through the (i) strengthening of routine immunization activities which focuses on the implementation of the reaching every district/child (RED/REC) approach (ii) Accelerated Disease Control (ADC) and (iii) Vaccine Preventable Disease (VPD) surveillance.

Key activities, Outcomes and Achievements

Strengthening of Routine Immunization

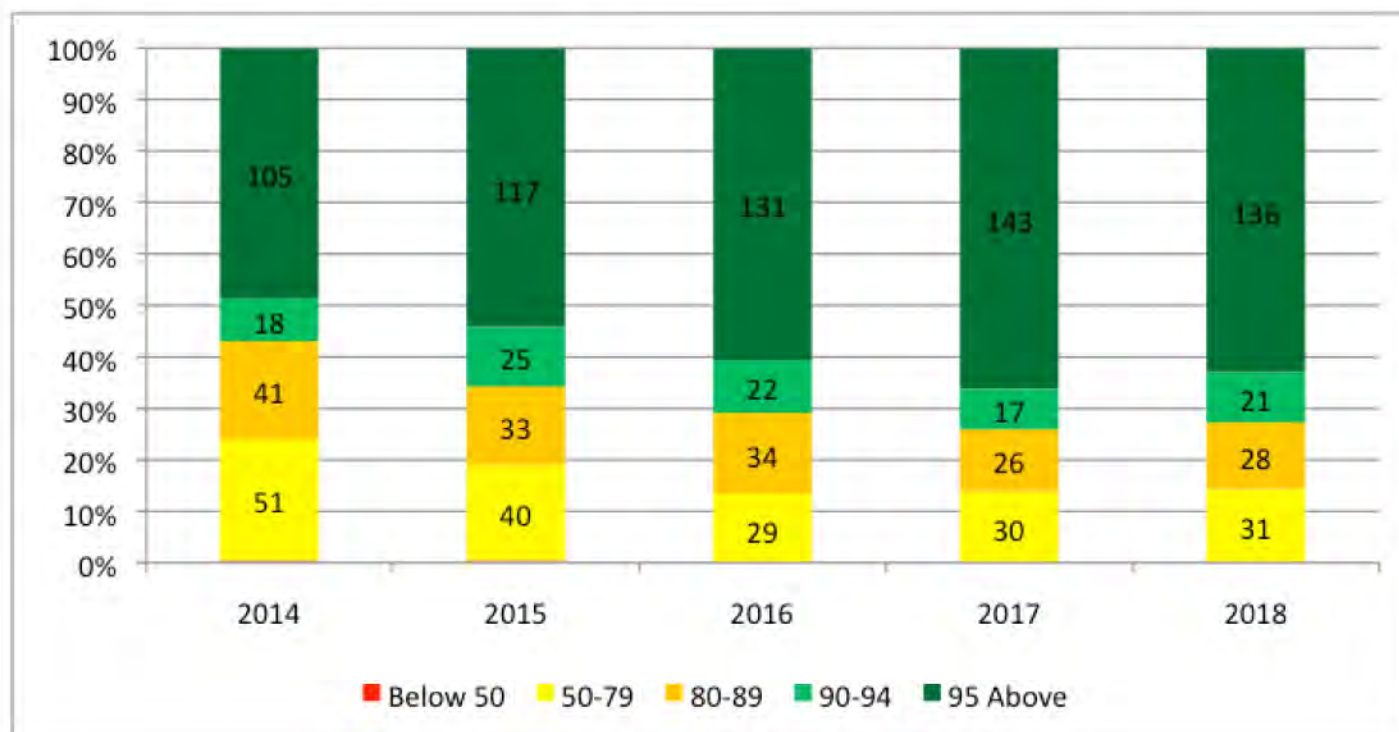
WHO supported the delivery of routine immunization in all regions and districts through the implementation of the Reaching Every District (RED) approach. The WHO Country collaborated with UNICEF and CDC in the implementation of the Gavi Targeted Country Assistance (TCA) and the Second Year of Life (2YL) Project to ensure equity in immunization outcomes.

Table 1: Trends in EPI Performance, 2015-2018

Antigens	2015		2016		2017		2018	
	No Vaccinated	% Cov	No Vaccinated	% Cov	No Vaccinated	% Cov		
BCG	1,063,417	95	1,171,338	103	1,161,227	100	1,166,047	98
Penta1	1,027,903	97	1,085,820	101	1,111,550	101	1,152,342	100
Penta3	1,012,362	95	1,060,040	99	1,119,742	102	1,153,978	100
OPV3	1,024,889	96	1,054,966	98	1,033,776	94	1,155,221	100
IPV*	NA	NA	NA	NA	NA	NA	649,433	56
PCV-1	1,040,404	98	1,083,534	101	1,108,070	101	1,156,525	100
PCV-2	1,002,203	94	1,046,154	97	1,085,802	99	1,132,798	100
PCV-3	1,021,622	96	1,060,728	99	1,117,766	102	1,157,362	100
Rota-1	1,037,356	98	1,084,543	101	1,100,190	100	1,142,643	99
Rota-2	998,311	94	1,035,727	96	1,069,885	97	1,112,233	96
MCV-1	995,553	94	1,023,596	95	1,040,141	95	1,094,228	95
MCV-2	768,966	72	795,695	74	908,217	83	979,243	85
YF	1,014,378	95	918,745	85	947,030	86	1,080,149	94
TT2+	725,439	65	732,734	65	744,859	68	760,255	64

*IPV was introduced into routine immunization in June 2018

Figure 1: Penta-3 Performance by performance category by districts, Ghana 2014-2017



Accelerated Disease Control Activities

Measles-Rubella Supplemental Immunization Activities (SIA)

The Ghana Health Service (GHS), with the support of the WHO and other partners, conducted nationwide measles and rubella follow-up campaign targeting children from 9-59 months. The rationale for the campaign was to provide a second opportunity for measles and rubella among the population and reduce the number of children who are susceptible to these diseases. In order to make efficient use of resources and further improve the health status of children in the country, vitamin A supplements were provided to children aged 6-59 months.

Support for New Vaccines Introduction

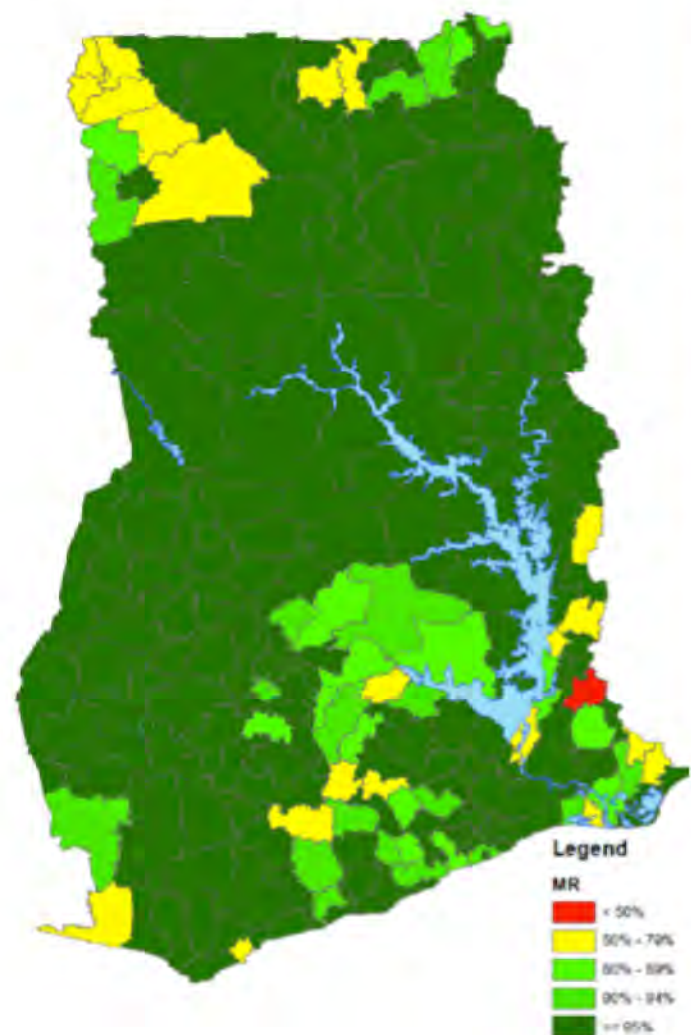
The Ministry of Health, in collaboration with WHO and other partners, introduced inactivated polio vaccine (IPV) into routine immunization as part of the Polio Endgame Strategy. The vaccine was introduced nationwide in June 2018. The national coverage for the vaccine is presented in the table above.

The table below shows the achievements of the campaign, including results of the post-campaign coverage survey by independent evaluators, by region;

Table 2: Administrative and coverage survey results of MR Campaign by region

Region	Target (9-59mths)	No. vaccinated	Coverage (MR)	No. dosed	Coverage (Vit A)	Survey (MR)	Survey (Vit A)
Ashanti	905877	877,638	96.9	841,510	92.9	88.8	88.8
Brong-Ahafo	445824	446,301	100.1	409,548	91.9	94.5	94.9
Central	402979	390,950	97	381,926	94.8	86.5	88.5
Eastern	507,479	477,428	94.1	469,969	92.6	92.8	92.8
Gt. Accra	773,074	770,877	99.7	728,296	94.2	79.2	78.4
Northern	478,969	566,645	118.3	519,199	108.4	93.9	94.5
Upper East	199,198	181,493	91.1	171,513	86.1	87.2	89.2
Upper West	132,798	104,831	78.9	97,356	73.3	97.3	98.5
Volta	407,881	359,596	88.2	357,837	87.7	94.6	95.8
Western	483,765	464,038	95.9	372,558	77	93.0	91.2
Ghana	4737844	4639797	97	4349712	91.8	91.0	91.5

Figure 2: Geographical distribution of measles coverage by districts



Yellow Fever Preventive Mass Vaccination Campaign (PMVC)

Ghana successfully organized a sub-national Yellow Fever Preventive Mass Vaccination Campaign (PMVC) from 28 November to 4 December 2018 in 65 districts in 9 regions. The objective was to rapidly increase population immunity in high risk districts in Ghana. The campaign targeted all persons aged 10-60 years excluding pregnant women constituting 65% of the total population in these districts. The campaign performance is shown in the table below;

Table 3: Administrative results of the Yellow Fever Campaign by region

Region	Number of districts	Target (10-60yrs)	No. vaccinated	Admin Coverage	AEFI cases reported	AEFI rate/ 100,000	Serious AEFI
Ashanti	12	797,853	878,466	110	48	5.5	2
B-Ahafo	6	381,098	401,019	105	69	17.2	1
Central	5	475,172	534,123	112	150	28.1	1
Eastern	6	504,061	528,645	105	42	7.9	2
Gt. Accra	8	1,204,653	1,313,965	109	77	5.9	10
Northern	2	173,031	183,630	106	15	8.2	0
Upper East	5	294,273	303,144	103	43	14.2	0
Volta	16	1,079,201	1,129,262	105	73	6.5	0
Western	5	294,806	309,286	105	21	6.8	0
Ghana	65	5204148	5581540	107	538	9.6	16

Support for Polio Eradication Initiatives:

WHO provided support to the Government of Ghana to strengthen polio eradication activities in the country and maintained the country's polio-free status. Major activities conducted included support for the polio eradication committees (National Certification Committee (NCC), the National Polio Experts Committee (NPEC) and the National Taskforce for Laboratory Containment (NTF)), preparation and submission of the Annual Progress Report (APR) for Polio Eradication as well as the development and submission of the Polio Legacy Transition Plan. Through the use of the AFRO developed GIS-based Integrated Supportive Supervision (ISS) tool, on-the-job coaching and trainings were provided to staff in low performing districts. Ghana achieved the two core AFP performance indicators (Non-polio AFP rate and percentage stool adequacy) in 2018 as shown below;

Table 4: AFP Surveillance Performance Indicators, Ghana, 2018

Region	Expected AFP	Reported AFP	Compatible	Discarded	Non-Polio AFP Rate	% Timely Stools	% Stool Adequacy
Ashanti	50	56	4	52	2.1	89.3	78.6
Brong Ahafo	23	73	1	72	6.3	91.8	84.9
Central	24	38	0	38	3.2	91.9	91.9
Eastern	26	44	0	44	3.4	95.3	95.3
Greater Accra	42	80	4	76	3.6	87.5	86.3
Northern	26	62	0	62	4.8	98.4	96.7
Upper East	10	26	0	26	5.2	96	88
Upper West	7	18	0	18	5.1	100	100
Volta	22	50	1	49	4.5	84.8	84.8
Western	23	67	2	65	5.7	93.9	81.8
Ghana	252	514	12	502	3.98	92.1	87.5

Table 5: AFP surveillance indicators Ghana, 2014 - 2018

Indicator	2014	2015	2016	2017	2018
Number of cases reported	376	352	468	554	514
Non-Polio AFP rate	2.95	2.36	3.5	4.28	3.98
% Timely stools	88	87	91	91	92
% adequate stool	86	73	83	88	88
Number of Wild poliovirus isolated	0	0	0	0	0
Number compatible with Polio	24	24	29	26	12
Number discarded as non-Polio	338	277	422	528	512

Support for other Vaccine Preventable Diseases:

WHO supported surveillance activities for other VPDs including measles, rubella, congenital rubella syndrome (CRS), Yellow Fever, neonatal tetanus, rotavirus diarrhoea and paediatric bacterial meningitis (PBM). Support for rotavirus diarrhoea, CRS and PBM were implemented through sentinel sites in Komfo-Anokye Teaching Hospital and Korle-Bu Teaching Hospital. The others were supported as part of the integrated disease surveillance and response (IDSR) system.

Table 6: Suspected and confirmed measles and rubella cases in Ghana from 2011-2018

Year	Number tested (% of suspected cases)		confirmed cases - (IgM+ve)		percentage (%) confirmed	
	Measles	rubella	Measles	rubella	Measles	rubella
2014	1039 (100%)	918	121	39	11.6	4.2
2015	1032 (100%)	1004	23	12	2.2	1.2
2016	848 (68%)	788	32	11	2.2	1.2
2017	1054 (53%)	1036	19	16	1.8	1.5
2018	980 (46%)	529	36	24	3.7	4.5

Summary of Achievements

- Ghana achieved Penta-3 coverage of 100% with 34,236 more children vaccinated in 2018 compared to 2017

- The coverage for the second dose of measles-rubella (MR2) increased from 83% in 2017 to 85% in 2018 with 71,026 more children vaccinated in 2018
- Inactivated polio vaccine (IPV) was successfully introduced into routine immunization
- Ghana established the National Immunization Technical Advisory Group (NITAG) and the National Verification Committee for Measles Elimination (NVC)
- The country achieved the two core AFP Performance indicators; Non-Polio AFP rate of 3.98 and % stool adequacy of 88%

Success Stories

REDUCING THE TB COST BURDEN IN GHANA - FROM EVIDENCE TO POLICY

One of the pillars of the Global End TB Strategy is to eliminate the catastrophic cost burden on TB patients by 2020. In 2017, WHO HQ in collaboration with London School of Hygiene and Tropical Medicine supported the NTP to establish the TB patient cost burden in Ghana through a survey. Findings from this survey which was disseminated in a policy dialogue forum revealed that, TB patients incurred an average cost of USD 455 approximately 25% of the annual income. It was also found that, overall, 64% of TB affected households suffered catastrophic costs while 73% of MDR TB affected households incurred catastrophic costs. It further established that, poverty rate among TB clients increased from 46% at the time of diagnosis to 60% at the end of treatment, noting that, the national poverty rate was 24%. This gamut of evidence led to major policy decisions which were to improve TB financing through free enrolment of TB patients on the National Health Insurance scheme while on treatment and enhance social protection for TB clients through social interventions such as the Livelihood Empowerment Against Poverty (LEAP).

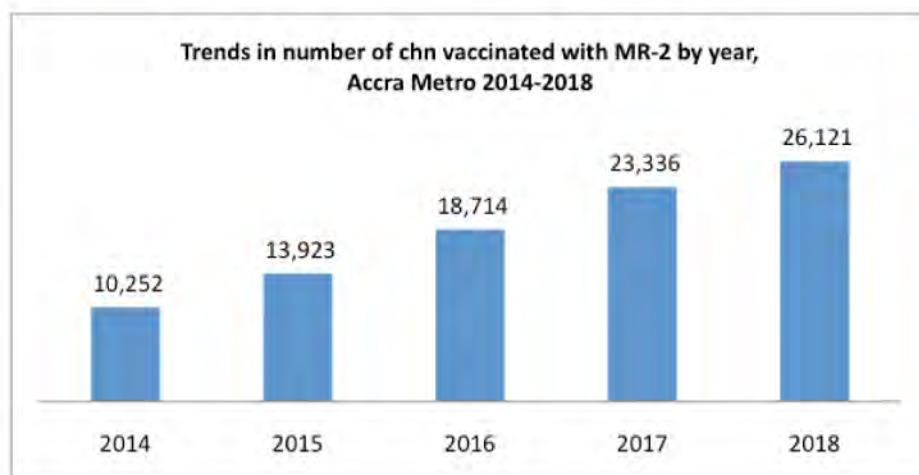
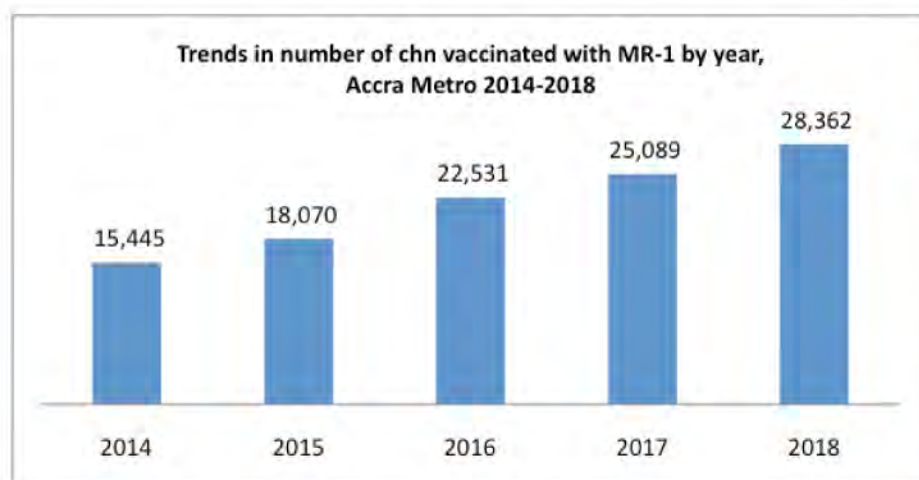


IMPROVEMENT IN IMMUNIZATION COVERAGE RATES IN URBAN AREAS

Immunization coverage rates have been consistently low over the years in urban areas especially among the urban poor with Accra Metro in Greater Accra Region and Sekondi-Takoradi Metro in Western Region recording the highest number of unvaccinated children.

Through the implementation of the Reaching Every Child (REC) Approach, sub-district specific immunization and communication strategies were developed. These strategies, including weekend and market day vaccinations, were developed together with community leaders. In Accra Metro in Greater Accra Region, two (2) container clinics were stationed in populated markets to improve access to caregivers in the markets including head-potters.

The number of children vaccinated in urban areas has been increasing since this approach was adopted. An additional 3,273 children received MR-1 and 2,785 additional children received MR-2 as shown in the figures below;



CATEGORY 2 NON-COMMUNICABLE AND MENTAL HEALTH

2.1 Non Communicable Diseases (NCDs)

NCDs are rapidly emerging as a significant cause of morbidity and mortality in Ghana. Heart diseases, cancers, respiratory disease and diabetes, mental health problems and injuries are among the NCDs of concern in the country. In 2018, WHO supported capacity building in cervical cancer prevention and control and management of mental health conditions.

Key activities, Outcomes and Achievements

Cervical cancer

Cervical cancer is a leading cause of cancer-related deaths among females in low and middle-income countries like Ghana. Cost effective primary prevention, early diagnosis and management measures such as visual inspection with acetic acid (VIA) and treatment of pre-cancerous cervical lesions can be used in resource limited settings like Ghana to reduce the burden of cervical cancer.



A participant practices cryotherapy during training in cervical cancer control

WHO supported an assessment of cervical cancer screening services in selected facilities across the country to ascertain the ongoing practice on site. Inadequate training in screening and treatment of precancerous cervical lesions was identified as one of the gaps. Subsequently 37 midwives, public and community health nurses from 8 regions Greater Accra, Ashanti, Central, Upper East, Upper West, Central, Volta, Brong - Ahafo were equipped with knowledge, counselling and screening skills for cervical cancer. With these acquired skills, cervical cancer prevention and control services are now being made more accessible to women served by the facilities.

2.2 Mental Health

WHO views good mental health as a vital component of the total well-being of every individual. To this end, WHO advocates for and supports accessibility of community based mental health services as a key component of universal health care. WHO built on the previous support for the adaption and training of trainers in the Mental Health Gap Action Programme (MHGAP) Intervention Guide designed for use by primary health care providers to facilitate identification and management of common mental health disorders in primary health care settings.



Participants from cervical cancer training display their certificates

Group discussion during the MHGAP training



Award of certificate to a participant



The first regional rollout training was conducted in the Volta Region with 30 medical doctors, physician assistants and nurse prescribers from health facilities across the region participating.

Follow up of the participants at their facilities revealed application of knowledge gained with clear demonstration of integration of mental health services in general practice.

The Impact of MHGAP Training on My Practice

“The impact of the MHGAP training on my career as a medical officer has been immensely transforming. It became very clear to me that after all these years of medical practice I was still lacking immensely in a significantly important but poorly appreciated segment of the medical practice here in Ghana. I can clearly recall casting my mind back to several cases of mental health conditions that presented to my consulting room while sitting through the training. I was rather unable to give the much needed help to them back then.

While in charge of the Female ward of the Hohoe Municipal Hospital, I came across a middle-age lady with severe-moderate depression. I started off with psychotherapy and instituted medications immediately.

She would sometimes refuse the drugs but gradually her situation started to improve. The mother who was equally frustrated and hitherto requested that she be discharged, quickly changed her mind and became cheerful as she saw the rapid changes and improvement in her condition. She was later linked to the community mental health unit and discharged home. She is now doing well back in her village.

It is difficult to find suitable words to describe my feelings and what was going through my mind during this entire period of her recovery. I can just say that I am highly privileged and blessed to have had this training!” – Dr Horlali Yao Gudjinu, MHGAP trainee.

Quality Rights in Mental Health

The human rights violations and poor quality of care and support for people with mental health conditions, psychosocial and intellectual disabilities have been documented in recent UN, Human Rights Watch and other reports in Ghana. WHO is supporting the Ghana Mental Health Authority (MHA) and other non-governmental mental health stakeholders to embark on the flagship Ghana QualityRights initiative. This is an e-training foundation course with online coaching on mental health, human rights and recovery for key mental health and disability stakeholders (including service providers and users as well as family members) in order to promote attitudes and practices that respect dignity and rights and which promote holistic, person-centered and recovery oriented care and support.

Creation of a national webpage, social mobilization activities and stakeholders consultations were among the preparatory activities leading up to the launch of the program in 2019.



Stakeholder consultation on Ghana Quality Rights Initiative

2.3 Nutrition

Key Activities, Outcomes and Achievements

Anaemia Reduction Strategy

Ghana has high rates of anaemia, with a prevalence of 66% in children under five years, 42% in women of reproductive age and regional disparities ranging from 34% (Ashanti Region) to 82% (Northern region) in children under five and 36% (Brong Ahafo) – 48% (Northern Region) in women 15-19 years (DHS 2014). These high rates are of concern to government and partners alike and a number of interventions have been tested but not all at scale. In 2017 with support from WHO a stakeholder workshop was held to review current status, interventions being implemented, global recommendations and best practises and recommendation made for the developing an anaemia reduction plan. The Integrated Anaemia Reduction Strategy (2019-2025) and Anaemia Reduction (2019-2021) Plan has been drafted but yet to be finalized.

The strategy and plan outline strategies for addressing anaemia, a comprehensive plan involving all relevant sectors and a monitoring and evaluation framework.

World Breastfeeding Week 2018

The theme for World Breastfeeding Week (WBW) 2018 was “Breastfeeding Foundation for Life”. The GHS put up a Task Team and Planning Committee for planning and implementation of activities leading to the Launch held in September, 2018. The activities undertaken during the week celebration included a press briefing for sensitization of media personnel to disseminate information on breastfeeding attended by the Director General Ghana Health Service, The WHO Representative and the UNICEF Country Director.

Field visits were conducted to some of the corporate organizations that have established baby friendly corners within their organizations as a way of commending them for their efforts and to provide support as necessary. The official launch of World Breast Feeding Week 2018 was held on 11th September 2018 with Her Excellency the Frist Lady of the Republic of Ghana giving the key note address. The launch of the WBW 2018 was followed by a series of workshops with key stakeholders for advocacy, sensitization and discussions on ways of creating a supportive environment for breastfeeding.

Growth Assessment and Infant and Young Child Feeding (IYCF) Counselling Course

The Combined Course on Growth Assessment and Infant and Young Child Feeding Counselling combines the individual courses on IYCF Counseling and Growth Assessment. As effective counseling is based on correct assessment of a child’s nutritional status and feeding practices, the course is designed to give health workers the competencies required to correctly carry out growth assessment and effectively counsel caregivers on

WHO provided technical and financial support for the adaptation of the Growth Assessment and Infant and Young Child Feeding Counselling course at the request of the Ghana Health Service. A three day workshop was conducted with the participation of Ghana Health Services, WHO (AFRO and WCO) , UNICEF, WFP and JICA.

The Objectives of the workshop were the following;

- Discuss areas of adaptation (content, training method)
- Develop content and work through the Trainer’s Manual
- Develop a road map to complete adaptation

This first adaptation workshop took stock of the manuals and tools of the training package. However the participants agreed to begin work on the Trainer Guide and subsequently make changes to the other manuals in line with the Trainer’s Manual. The team reviewed the Trainer’s manual by incorporating current national policies and documents e.g. the combined maternal and child health record books and new immunization schedules. The workshop resulted in the identification of the areas for adaptation and the content was developed to reflect the local context as well as align with national policies and guidelines. A road-map was developed for completion of the adaptation process planned for 2019.

Success Stories

IMPROVING ACCESS TO CERVICAL CANCER PREVENTION SERVICES

Cervical cancer is one of the leading causes of cancer among women globally, with an estimated 570,000 new cases and 311,000 deaths reported for 2018. Almost 90% of these deaths were in low and middle income countries with the Africa region being disproportionately affected.

Many women however do not benefit from timely prevention and detection services because of very limited access to information on cervical cancer prevention and screening services

To help improve access to cervical cancer screening, early detection and management, WHO supported Ghana Health Service to train 37 midwives, public and community health nurses from regional and district health facilities from 8 regions Greater Accra, Ashanti, Central, Upper East, Upper West, Central, Volta, Brong Ahafo in 2 batches.

The first batch was equipped with skills to provide health education on cervical cancer prevention and counselling, conduct visual inspection using ascetic acid (VIA) to identify precancerous lesions. In addition to these skills the second batch was also trained to perform cryotherapy on lesions.

Back from the training, the participants are putting these skills into practice, providing health education in the communities, churches and schools and conducting screening for cervical cancer using VIA and Pap smears.

Cryotherapy services are made available in facilities where the machine is available.

In facilities without cryotherapy machines, there is ongoing advocacy with the hospital management to produce them to enable these services on site and limit referral of clients with confirmed lesions to other hospitals.

Scale up of the training to staff of other facilities will make these services accessible to more women across the country.



Participants during a demonstration session



The impact of implementing WHO Evidence-based Guidelines on Intermittent Supplementation of Iron and Folic Acid for Menstruating Women

In 2011 and 2012 WHO released a number of evidenced-based micronutrient guidelines aimed at addressing Vitamin A Deficiency and Anaemia which is wide spread globally. Anaemia impairs the health and well-being of women and children globally. The major health consequences include poor pregnancy outcome, impaired physical and cognitive development and increased risk of morbidity in children. Anaemia contributes to 20% of all maternal deaths. It affects half a billion women of reproductive age worldwide (WHO, Global Database on Anaemia Geneva). In the WHO African Region anaemia in under-fives ranges from 36% to 86% (32 countries with data from 2006-2015).

In Ghana the prevalence of anaemia in children under-five is 66% and 42% in women of reproductive age (DHS, 2014). The anaemia prevalence has been persistent for over a decade, despite many efforts by Government to curb the trend. Following the release of the 2011 guidelines, The Ghana Health Service requested WHO's support to review and adapt the guidelines. WHO provided financial and technical support for the review and adaptation of the guidelines. During the biennium 2014/2015 a task team of Government and partners including WHO and UNICEF was set up. The task team reviewed 11 guidelines on Vitamin A and Iron/Folic Acid supplementation and 2 guidelines on food fortification. The task team made recommendations for the adoption or otherwise of the guidelines reviewed which were presented at wider stakeholders meeting for validation and adoption in December, 2015.

Following the stakeholders meeting the recommendations were presented to policy markers for adoption. Among the recommendations made was the Intermittent Supplementation of Iron and Folic Acid to improve anaemia deficiency in women of reproductive age.

Intermittent iron and folic acid supplementation is recommended in menstruating women living in settings where anaemia is highly prevalent i.e. 20% or higher, to improve their haemoglobin concentrations and iron status and reduce the risk of anaemia. This is based on the evidence that women taking weekly iron and folic acid supplements have

increased haemoglobin levels, less iron deficiency and lower levels of anaemia. This was a new intervention in Ghana and deemed to have the potential in addressing anaemia in adolescent girls as well as older women in the reproductive age brackets.

The Ghana Health Services therefore engaged with partners in the Nutrition sector to support the implementation of the intermittent IFA supplementation in Ghana. UNICEF was part of the adaptation process and having supported intermittent IFA supplementation in other countries mobilised funding to support piloting of the IFA supplementation in adolescent girls in Ghana. The technical team was revived and tasked with the design of the pilot programme as well as the development of materials and tools, training of key stakeholder and implementers, and monitoring of the programme. The team came up with the name GIFTS for the programme which stands for Girls Iron Folic Acid Tablets Supplementation. WHO worked as part of the team that developed the manuals, tools and the communication materials for the implementation of the programme.

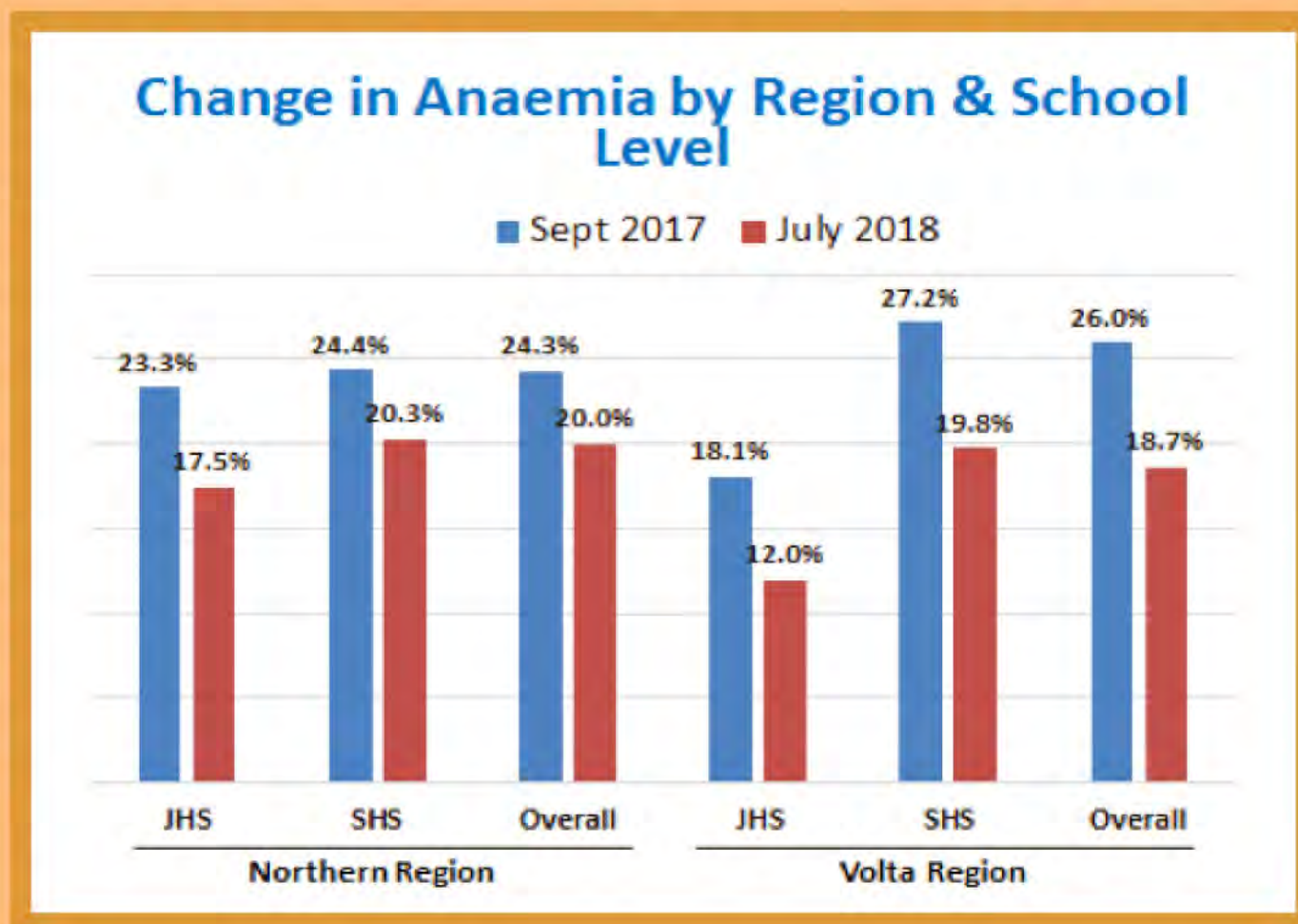
The GIFTS had two modes of implementation for "in-school" girls and "out of school" girls and targeted girls 10-19 years old. In school adolescent girls (Junior High School (JHS), Senior High School (SHS) and Technical School) were provided with IFA tablets in school, once a week (every Wednesday after meals) under direct observed treatment.

The school holidays / vacation was used as the “break” period for the girls IFA supplementation as is recommended to be given for 3 months followed by 3 months break. The in-school programme was implemented in collaboration with the Ghana Education Service. For “out of school” adolescent girls, the Health Facility, and adolescent/youth friendly centres were used and the girls were provided with 1 month supply to be taken once weekly. When possible the first dose was taken under direct observed treatment. The out of school girls returned to the facility monthly for the next supply of IFA tablest. The GIFTS programme was piloted in 4 regions; in Volta, Brong Ahafo, Northern and Upper East regions.

The technical task team developed a Facilitators manual for training of stakeholders and implementers as well as a handbook for teacher to provide guidance for implementation. Leaflets, Frequently Asked Questions (FAQs), posters as well as data collection tools (for logistics and supplies and documentation of the dosing of girls with IFA) were also developed. Trainings were conducted for health workers, School Health Education Coordinators, Head teachers and teachers before the start

of the programme. Prior to implementation, a baseline study was conducted by GHS, UNICEF and CDC. The GHS and SHEP provided supportive supervision throughout the implementation of the programme.

An evaluation was undertaken ten months after implementation of the GIFTS programme and the results are as shown in the below figure.



CATEGORY 3 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH

3.0 Introduction

Ghana's maternal mortality ratio is currently 310 per 100,000 live births and under-5 mortality is 52 per 1000 live births. Although Ghana did not meet its MDG 4 and 5 targets, it made significant progress in reducing maternal and under-5 mortalities. The neonatal mortality rate is 25 per 1000 live births making up 68% of infant mortality and 48% of under-five mortality. Antenatal clinic attendance (at least 4 visits) is 89% with a skilled attendance at birth being 79%. Modern contraceptive prevalence rate is 25% and the unmet need for family planning is 30% with an adolescent pregnancy rate of 14.0%. (GMHS 2017) Inadequate access to quality skilled delivery, emergency obstetric and newborn care and family planning has been identified as some contributing factors.

WHO provides technical support to the Ministry of Health/Ghana Health Service (GHS) for planning, implementation, monitoring and evaluation of Reproductive, Maternal, Newborn, Child and Adolescent

Health (RMNCAH) programmes in the country in line with the Global Strategy for Women's, Children's and Adolescents' Health (GSWCAH). WHO is working to improve access to, coverage and quality of health services for pregnant women, newborns, children and adolescents along the continuum of care.

The program will continue to support the achievement of the health related Sustainable Development Goals by supporting country adoption and adaptation of various WHO guidelines and strategies for implementation as well as the development of national strategic documents and capacity building of health workers.

Key activities, Outcomes and Achievement

Quality of Care for Mothers and Newborns

The country has high numbers of preventable maternal and neonatal deaths in spite of a relatively good coverage rates for maternal, newborn and child health interventions. Sub-optimal quality of care has been identified as a key factor in this. The country has committed to the Global Network to improve the quality of care for mothers and children to ultimately reduce preventable maternal and newborn deaths and achieve the maternal and newborn health targets of the SDGs.

The country was supported to develop an Operational plan and Roadmap for achievement of improvement in the quality of care for mothers and newborns as a participating country in the WHO-Led Global Network for improving maternal and newborn health. This has given clear direction and facilitated the coordination of the various activities being implemented to achieve improved quality of care. An Implementation Guide has also been developed for implementing the WHO standards for improving maternal and newborn health at the facility level.

The health managers and leadership of all 10 regions were oriented on the implementation of Quality Interventions. These leaders are now supporting downstream training of health-care providers in facilities. About 200 health staff in 3 regions have been trained on the implementation of the WHO standards for Maternal and Newborn Quality of Care.

They were trained on Quality Improvement concepts and were supported to conduct facility self-assessment. Implementation of Quality improvement Interventions are ongoing in implementing facilities ensuring quality care and better outcomes for mothers and newborns. The three (3) regions have also been supported to roll out community scorecard through the training of Community Health Management Committee members (CHMC) to improve on community participation in the healthcare delivery system.

Training of health staff



Training of Community Health Management Committee members



National Maternal, Child Health and Nutrition Conference

Ghana has a number of partners in the area of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). In previous years, the Ghana Health Service held annual program reviews with the participation of these partners. In order to create a platform to heighten partner engagement and involvement and increase the effectiveness of service delivery, the Family Health Division of the Ghana Health Service in collaboration with key partners including WHO organised a National Maternal, Child Health and Nutrition Conference from 11 – 14 June 2018. The theme for the conference was “Strengthening Partnerships for achieving Universal Health Coverage (UHC) in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and Nutrition”.

WHO played a key role by providing both technical and financial support to successfully hold the conference. The WHO Africa Regional Office provided a technical expert from the

Regional Office (Dr Fatim Tall) who gave a presentation from the global perspective on “Global strategies and actions on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)”. This set the tone for the conference and was the pivot for subsequent discussions throughout the conference.

A key action point emanating from Ghana’s 2018 Maternal, Child Health and Nutrition Conference was the need to have an over-arching integrated RMNCAH Plan in order to have a coordinated effort at adapting and implementing the Global Strategy for Women, Children and Adolescents Health (GSWCAH) to achieve the SDGs, particularly Goal 3. This is to be developed in 2019. Other partners included UNICEF, UNFPA, USAID, JICA, PATH, WFP, DFID, IPAS, MSIG, DKT, JHPIEGO, WORLD VISION and the POPULATION COUNCIL.



*Ghana's First Lady,
Mrs Rebecca AkuffoAddo
giving her address as the
Guest of Honour*



- 1. WHO Country Representative and some dignitaries*
- 2. Dr Fatim Tall from the WHO Africa Regional Office and some delegates*

National Newborn Stakeholders' Conference

Ghana's demographic and health survey in 2014 showed that Ghana's neonatal mortality had declined marginally by 3 percent over the 15-year period preceding the survey, from 30 to 29 deaths per 1,000 live births. To address this challenge, Ghana launched the National Newborn Health Strategy and Action Plan (2014-2018) which is an integrated, comprehensive, and data-driven road map to measurably improve services and care for newborns by 2018. The neonatal mortality rate according to the 2017 Ghana Maternal Health Survey is 25 per 1000 live births. This still make up 68% of infant mortality and 48% of under-five mortality. Annual National Newborn Stakeholders meetings are held to take stock of the progress of implementation and develop action plans for the next year.

WHO as a partner on the National Newborn Sub-Committee provided technical support to the conference. The 2018 forum was held in Accra from 24th to 26th July and brought together stakeholders' in newborn health to deliberate on addressing inequities in the delivery of newborn interventions across the country in the spirit of UHC. The theme for the year was: Reaching Every Newborn, Countdown to 2030; Don't Leave Me Out. It also provided

the forum to discuss progress in the implementation of the Ghana launched the National Newborn Health Strategy and Action Plan (2014-2018) and begin planning for its review and the development of a new Strategic document because 2018 was the last year of implementation.

Adolescent Health Ambassadors' camp

The Ghana Health Service and Ghana Education Service originated the formation of Adolescent Health Clubs in schools as a strategy to expand access to health information and services for the in-school adolescents. The club members are trained as ambassadors to carry out health promoting activities in their schools and surrounding communities and also serve as advocates for adolescent health issues. With funding support from UNFPA and other partners, an Adolescent Health Ambassadors' camp was conducted. WHO provided technical support to camp activities that equipped in-school adolescents (about 700 Ambassadors) with accurate information on health and development to enable them advocate and support their colleagues make healthy choices and contribute

productively to society. In WHO's statement the Adolescent Health Flagship Program of the Africa Region as a means of achieving the adolescent health targets of the Global Strategy for Women's, Children's and Adolescent Health was emphasized as well as availability of guidance documents such as the Accelerated Action for the Health of Adolescents (AA-HA). The Ministry of Health and the Ministry of Education were encouraged to continue the collaboration to reach adolescents especially the in-school adolescents and to explore ways for reaching the out of school adolescents too. Four schools (Nungua SHS, Archbishop Potter Girls SHS, New Abirem SHS and Mahean SHS) whose adolescent health projects were adjudged to be outstanding, made presentations on their projects and they were awarded.



Dr Roseline Doe, Officer in charge of Adolescent Health at the WHO Country Office presenting an award to the winning School



Review of National Guidelines for Adolescents and Youth-Friendly Services

The World Health Organization (WHO) and United Nations Programme on HIV and AIDS (UNAIDS) has developed new global standards for adolescent and youth responsive health services and recommended adaptation by member countries. Ghana had an existing National Guidelines for Adolescents and Youth-Friendly Services. In order to aid the country implement the Accelerated Action for the Health of Adolescents (AA-HA!) to achieve the targets of the Global Strategy for Women, Children and Adolescents Health (GSWCAH), it was important to review and align the national standards with Global Standards for quality health care services for adolescents.

WHO provided technical and financial support to the country to review the National Guidelines for Adolescent and Youth-friendly service and align it to the WHO Global standards to improve quality of health-care services for adolescents. This is a step in the process of the country's adaptation and pilot of the WHO web-platform for the monitoring and evaluation of national standards. Training of Reproductive Health care providers in these standards will start in 2019.

Commemoration of Child Health Promotion week

Ghana has over the years integrated the Africa Vaccination Week (AVW) with Child Health Promotion Week (CHPW) as one of the sustainable ways of improving coverage of preventive child survival interventions. It is used as a week of advocacy, awareness creation and service delivery to improve coverage of preventive child survival interventions like Immunization, Vitamin A Supplementation, Growth monitoring, birth registration and promotion of ITN use. WHO as a key partner supported Ghana's Ministry of Health / Ghana Health Service to observe the week. During the week-long celebration, awareness on these interventions was heightened and uptake has increased.

Capacity Building

WHO also provided technical and/or financial support for national capacity building through participation in international workshops and meetings:

- WHO workshop to develop national learning systems in support of delivery of quality care for maternal, newborn and child health in the Network countries and the launch of pediatric standards of care and building capacity for implementation in the network countries; 23 - 27 April 2018. The Ghana team comprised of the head of the Quality Management Unit of the Ministry of Health, Deputy Director of the Family Health Division of the Ghana Health Service and the NPO-MCH from the WHO country office
- Joint WHO-UNICEF-UNFPA Regional workshop on Maternal and Perinatal Death Surveillance and Response (MPDSR); 20 - 26 November 2018. Ghana was represented by the Safe-motherhood Program Manager and NPO-MCH from the WHO Country Office
- WHO Regional inter-country orientation workshop on Integrated Care for Older People (ICOPE) and longer-term care systems in the African region; 27 - 29 November 2018. Ghana's team was made up of the focal persons for healthy ageing from the Ghana Health Service / Ministry of Health, the focal person for social protection from the Ministry of Gender, Children and Social Protection (MoGCSP) and WCO officer in charge of healthy ageing

3.2 Gender Equity and Human Rights

Gender Action Plan for the WHO Country office

Following a workshop on gender mainstreaming, equity and human rights conducted for all staff of WCO with support from WHO IST/AFRO, a Gender Action Plan was developed for the WHO Country office. Implementation of almost all the action points have been carried out including the inclusion of a package on Gender mainstreaming in the orientation of new staff, formation of Gender Team for the WCO, ensuring gender parity among staff, gender sensitive washrooms and cars and provision of a disability access to the office. In collaboration with the UN Gender Team, the International Women's Day, the International Day of the Girl Child, International day for the Elimination of Violence against Women and 16 days of activism against Gender Based Violence were observed to raise awareness on gender issues and to promote gender mainstreaming.

16 Days of Activism against Gender-Based Violence Campaign

From 25 November, the International Day for the Elimination of Violence against Women, to 10 December, Human Rights Day, is the 16 Days of

Activism against Gender-Based Violence Campaign. It is a time to galvanize action to end violence against women and girls around the world. WHO joined the UN system in Ghana in the 16 Days of Activism against Gender-Based Violence Campaign to galvanize action to end violence against women and girls in Ghana. Staff joined the campaign.



Celebration of UN Days

The WHO through the UN Gender Team (UNGT) supported and participated in the celebration of UN days. The UNGT is made up of staff/focal points from the UN offices, agencies and programmes in the country whose purpose is to provide overall direction and guidance to the UN System in Ghana to advance gender equality in the country. There was a lot of social media advocacy on all the above gender related UN days.

International Women's Day

The UN globally celebrated International Women's Day under the theme: "Time is Now: Rural and urban activists transforming women's lives", drew attention to those who stood or stand strong and determined to transform the lives of women. The UN in Ghana called on everyone to join activists in the country and around the world to seize the moment of International Women's Day celebrate, take action and transform women's lives in rural and urban communities.



International Day of the Girl Child

The UN Gender Team supported the observation of the International Day of the Girl Child, 11 October 2018 in collaboration with the Ministry of Gender, Children and Social Protection. The theme for the year was "With Her: A Skilled GirlForce" with a focus on bringing together partners and stakeholders to advocate for, and draw attention and investments to the needs and opportunities for girls to attain skills for employability

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3.3 Health and Environment

In 2018, the WCO provided technical support in collaborating with UN and development partners, to the Ghana Health Service and Ministry of Health, Ministry of Sanitation and Water Resources. Support was provided for the training of trainers in the Water and Sanitation for Health Facility Assessment Tool, the UN Water Global Analysis and Assessment of Sanitation and Drinking water survey was undertaken, the National policy and guidelines on health care waste management were finalized and a mid-term evaluation of the Unintended Persistent Organic Pollutants and Mercury Releases from the Health Sector in Africa Project. WHO also supported a regional meeting on Achieving SWDG6 and Safe Water for all with a focus on Water Safety in Healthcare facilities.

Key activities, Outcomes and Achievements

WASH and Health

In 2017 technical support was provided for the development of Water Sanitation and Hygiene indicators and the integration of same into the District Health Information Management System. Data entry and monitoring tools were also developed for Water Sanitation and Hygiene in Health Facilities.

In 2018 the GHS conducted training for Health Information Officers nationally on the WASH indicators in DHIMS. In order to improve WASH services GHS in collaboration with UNICEF and WHO embarked on capacity building on the

Water and Sanitation for Health Facility Assessment Tool (WASH-FIT). WASH-FIT is a WHO/UNICEF tool for assessing water, sanitation and hygiene infrastructure and services at the health facility and the development of an incremental plan to improve the situation for the prevention of infection and improve the quality of care for patients. A team of UNICEF, GHS and WHO facilitators who have been previously trained in the tool supported the training of trainers held of 10 national level health staff on the WASH-FIT. This core team of trainers has subsequently held trainings for all 10 regions of the country resulting in WASH-FIT Trainers available in all regions.

WHO in collaboration with the Government of Ghana (Ministry of Health and the Ministry of Sanitation and Water Resources), and the Embassy of the Kingdom of the Netherlands, Ghana, convened a half-day international High Level Meeting followed by two, one-day sequential technical workshops on water quality, with a specific focus on water treatment (HWT) and water, sanitation and hygiene (WASH) in health care facilities (HCF).

The theme for the meeting was “Achieving SDG6 and Safe Water” The high level meeting provided an opportunity for

WHO to highlight and discuss new tools, data and approaches for addressing Sustainable Development Goal (SDG) 6 on safe water and sanitation and technical workshops to explore specific challenges, approaches and solutions for improving water quality in households and health care facilities. The meeting was attended by approximately 60 participants from five countries (Ethiopia, Ghana, Liberia, Tanzania and Zambia). The participants also included WHO Headquarters and WHO Regional Office for Africa staff as well as national water quality experts, implementers of HWTs, HWT manufacturers, water policy makers and selected partners, including the United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), IRC and WaterAid.

Countries made presentations on what their respective countries are doing in WASH in HCF. It was an opportunity for countries to learn from each other and from global initiatives. Ghana identified a gap in inter-sector collaboration on WASH in HCF implementation, regulatory frameworks for Household Water treatment Technologies among others. A national road map was developed action plan to address the gaps identified.

UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS)

The Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water Initiative implemented by the World Health Organization (WHO). GLAAS objectives are defined as, monitoring the inputs (in terms of human resources and finance) and the enabling environment (in terms of laws, plans and policies, institutional and monitoring arrangements), required to sustain and extend Water, Sanitation and Hygiene (WASH) systems and services to all, and especially to the most vulnerable population groups. Ghana expressed interest in participating in the GLAAS 2018/2019 Cycle. WHO provided funding for the survey and the Ministry of Sanitation and Water Resources mobilized funding from UNICEF to support the inception meeting and the stakeholders validation meeting whilst Water-Aid supported the data validation to ensure quality assurance. The inception meeting was convened, data has been gathered and analysed and the preliminary results shared with a core technical team. The report is expected to be finalized early 2019.

Minamata Convention on Mercury

In 2013, UNDP received a grant from Global Environment Fund (GEF) to implement

a project on Reducing Unintended Persistent Organic Pollutants and Mercury Releases from the Health Sector in Africa. This project will contribute to meeting the obligations of the Minamata Convention on Mercury which Ghana is a signatory. The World Health Organization (WHO) is a partner in the implementation of the project together with the international NGO Health Care without Harm (HWCM). WHO provided technical support for the development of Health Care Waste Policy and Guidelines. WHO supported the mid-term evaluation of the project in terms of inputs on WHO achievements and recommendations on the way forward for the project. WHO also supported the Regional Project Meeting convened in December where the mid-evaluation report was disseminated, discussed and the road map developed for the 2nd phase of the project.

Urban Health Initiative (UHI)

The UHI project proposes to address Short-Lived Climate Pollutants (SLCP) on the urban level to provide proof of concept for scalability. The project seeks to drive action to reduce urban Short-Lived Climate Pollutants (SLCP) emissions, by increasing knowledge and awareness of a range of health benefits to urban populations that may be achieved from mitigation measures in addition to climate benefits, as well as capacity building to influence policy actions.

Health benefits include those obtained from reductions in SLCPs, such as improvements in air pollution related pre-mature mortality and morbidity, as well as other health benefits from SLCP reduction policies such as reduction of injuries, improvements in safety and opportunities for physical activity.

The project in 2018 as part of evidence gathering to drive national action and to enable local adaptation of WHO standardized health tools in analysing health impact of air pollution in the country organized a data analysis workshop to refine WHO tools to local context use for national data.

1. Data Analysis Workshop Organized by WHO for Health Sector Workers and Partners on Standard Air Quality Management (AQM) Tools

- *The UHI organized data analysis training for 35 Ministry of Health and Ghana Health Service staff on tools for analyzing SLCP Data and how to track and report on air quality and pollution levels in Ghana. To ensure sustained best practices and scalability to the entire country, a Health Impact Assessment (HIA) Group would be established in MoH to oversee the management of pollution assessment platform when complete.*

- *Reviewed national initiatives and policies on air quality management which led to the development of the GAMA Air Quality Management Plan by EPA and MESTI*

- *Analyzed the health and economic impact of identified policies in air pollution and are developing three policy scenarios on Domestic Waste Management, Sustainable Transport and Clean Cooking Technologies to inform national policy decisions and planning.*



Data Analysis Workshop and Group Work Sessions

2. Joint Stakeholder Engagement and Results Dissemination Workshop by WHO, US-EPA, World Bank, UN-Habitat and ICLEI

The United States Environmental Protection Agency (US EPA) Megacities, Climate and Clean Air Coalition (CCAC) Urban Health Initiative, World Bank held a Joint Workshop Series on the theme: Understanding the Impacts of Air pollution on Health – Enhancing Actions for Improving Air Quality in Greater Accra Metropolitan Area (GAMA) from 13 – 17 August 2018

The stakeholder engagement provided a platform for identifying the gains made by Ghana

since 2015 in the areas of: Air quality monitoring, Laboratory analysis, Air quality standards, Policies and regulations, Health benefits assessment, Emissions estimation and inventory development, Communications planning. The way forward to fully realize the potential for reducing exposures to dangerous levels of air pollution, identifying the highest priorities for health risk reductions, and making a “business case” for air quality management in the country.

This workshop birthed the Climate Action Planning Workshop by the Accra Metropolitan Assembly where the city brought together major stakeholder to discuss a roadmap for a comprehensive Climate Action Plan for the city of Accra.

Presentations and Technical Working Group Discussions Sessions



3.4 Social Determinants of Health

In an effort to prevent chronic diseases and promote good health, WHO supported the Ministry of Health/GHS and other partners to in addressing broader social determinants of health through multi-sectoral actions and approaches.

WHO also supported the strengthening of national capacity to plan, implement and evaluate setting-based health promotion programs for the reduction of the risks associated with leading causes of death, diseases and disability as well as advocacy for the creation of conducive environments and policies for promoting healthy lifestyles.

Key activities, Outcomes and Achievements

Development of Country Report for GYTS

The GYTS was conducted by the Disease Control and Prevention Department in collaboration of the Research and Development Division of the Ghana Health Service, Ministry of Education and World Health Organization African Region (WHO-AFRO), Accra Office. Technical and financial assistance was provided by the World Health Organization (WHO) and the United States Centers for Diseases Control and Prevention (CDC) also provided technical support.

Findings of the survey

Tobacco use: In Ghana, currently 8.8% of the youth use any tobacco products (both smoked and smokeless tobacco) comprising 8.8% of boys and 8.1% of girls. Among current tobacco users, 2.8% of the students smoke cigarettes while 3.2% are boys and 2.3% are girls. Overall, 37.3% smoke one stick per day, where more girls were recorded smoking one stick of cigarettes (51.2%) per day than boys (28.4%). Current shisha smoking among the youth was 5.3%; 4.7% for boys and 5.4% for girls while that of electronic cigarette was 4.9% (4.9%=boys and 5.0%=girls).

Cessation: Among current smokers, almost 6 in 10 (59.6%; 60%=boys; 73%=girls) tobacco smokers tried to stop smoking in the past 12 months before the study.

Current tobacco smokers who wanted to stop smoking were 63.2%, (80.5%=boys; 56.4%) however, only 38.6% (48.9%=boys; 30.6%=girls) 24.0% had ever received help/advice from a programme or professional to stop smoking.

Secondhand smoke: Overall, almost three out of five students (23.1%: 25.7%=boys; 20.4%=girls) were exposed to smoke in their homes and 39.3% (41.4%=boys; 37.2%=girls) were exposed to secondhand smoke in enclosed public places. Some students 40.4% (41.8%=boys; 39.0%=girls) also were exposed to tobacco smoke at outdoor public places. 25.1% (25.1%=boys; 24.9%=girls) of students claimed to have seen someone smoking inside the school building or outside on school property.

Access and availability: More than 7 in 10 (71.3%: 53.9) students who currently smoked cigarettes usually purchased their cigarettes in stores, shops, street vendors or kiosks. The percentage of students who were not refused purchase of cigarettes because they were minors was 54.9%.

Media: Among the students, 61.1% saw somebody using tobacco on television, videos or movies, while 25.4% noticed tobacco advertisements or promotion at point of sales. Exposure to anti-tobacco information: Almost about half of students (48.3%) ever noticed anti-tobacco messages

in the media and also about the same number (43.5) also noticed the same at sporting community events. Among the current smokers, 44.8% (56.1%=boys; 28.9%=girls) noticed health warnings on cigarettes packages hence thought about quitting smoking because of such warnings. Also, more than half (52.5%) of the students said they were taught about the dangers of tobacco use in the past 12 month before the study.

Awareness and receptivity to tobacco marketing: Overall, 9.8% of students owned an object with a cigarette brand logo on it, while 8.9% (9.1%=boys; 8.1%=girls) were offered free tobacco product from tobacco company representative.

Knowledge and attitudes: More than one third of the students (32.2%: 31.6%=boys; 33.0%=girls) thought that it is difficult to quit once someone starts smoking tobacco, while 53.7% thought that other people's tobacco smoking was harmful to them. However, few students (17.1%: 20.5%=boys; 14.9%=girls) believed that smoking tobacco helps people feel more

comfortable at celebrations, parties and other social gatherings. Ministries, Departments and agencies (MDAs) and other stakeholders of tobacco control should come up with comprehensive tobacco control policy and implement it effectively alongside the Public Health law (Act851). Taxation on tobacco products should be increased so that it becomes unaffordable to youth.

Development of Alcohol Control Legislation

The Ministry of Health, in collaboration with Foods and Drugs Authority (FDA) and WHO began the process of drafting legislation for Alcohol Control in Ghana after the official launch of National Alcohol Policy in 2016. During the year under review, the process continued and four TWG meetings were organized by FDA to continue with the drafting process. The draft document was shared with AFRO and colleagues in South Africa who reviewed and provided technical inputs. A final draft is expected to be submitted to the Attorney General's Department and later to the floor of Parliament in 2019.

Some advocacy activities were carried out by the Coalition of NGOs in Tobacco & Alcohol Control, the NCDs Alliance and its partners with technical support from WHO to sensitize and create awareness about the importance of Alcohol Regulation in Ghana. These activities targeted in-school and out-of-school youth in basic and tertiary institutions.

World Health Day Celebration

The Ministry of Health in collaboration with the WHO Country Office organized a Press Briefing at the Ministry of Information Press Centre to mark the World Health Day on 11 April which this year falls under the theme "Universal Health Coverage, everyone, everywhere" and the slogan of "Health for All".

In attendance was the Honourable Minister of Health, Mr Agyeman-Manu, Honourable Deputy Minister of Health (MOH), Madam Tina Mensah, the Country Representative of WHO, Dr Owen Kaluwa, the Director General of the Ghana Health Service (GHS), Dr Anthony Nsiah-Asare, officials from the National Health Insurance Authority, Directors from MOH, GHS and WCO staff, representatives from Religious Institutions, Civil Society Organisations.

The occasion was an opportunity to create awareness and understanding about Universal Health Coverage (UHC) and the objectives of the World Health Day 2018 among partners and stakeholders in health and the media

Success Stories

BreatheLife Campaign – A Multi-sectorial Approach towards improving Air Quality in the City of Accra

Accra Metropolitan Assembly (AMA) has joined the BreatheLife Campaign, a WHO and UN Environment led initiative to reduce air pollution for health and climate benefits.

AMA is the first major metropolitan entity in Africa to formally join the campaign – with the launch of community initiatives to clean up waste burning, reduce other pollution sources and enhance green spaces in some of the neighbourhoods worst hit by air pollution.

The awareness-creation campaign has been part of a new Urban Health Initiative, led by Ghana Health Services and WHO, and which assessed the health impacts of air pollution in the city and planned healthier development alternatives. The urban health initiative was developed together with Ghana EPA, and a range of local and national development ministries, and also supported by the World Bank, US EPA and ICLEI-Local Governments for Sustainability.

“Cities are becoming more important in the geopolitical space. Someone has to provide leadership. I am willing to do so,” said Accra Mayor, Mohammed Adjei Sowah.

“In our part of the world pollution is not prioritized as a health concern - even in the way we cook. But the statistics are so staggering that we have to wake people up to take action. We have to talk about it loudly so that it becomes part of our discourse in the urban political space.”

In joining the BreatheLife campaign, which includes prestige cities such as London UK, Singapore Washington DC and Accra noted its key air pollution priorities as targeting:

- *Efficient mass transit & safe walking and cycling paths*
- *Improved wastewater treatment as well as collection, separation and disposal of solid waste*
- *Industrial emissions control, building energy efficiencies, and healthier food production – all of which also reduce air pollution directly or indirectly.*

The City-supported community campaigns have been rolled out and focused first in two sub metropolitan regions: Ashiedu Keteke (Jamestown, Agboghloshie), and Ablekuma South (Mamprobi, Chorkor), and include Community durbars, house to house sensitization including noted Ghanaian musicians or sports figures.

Ghana Health Services and WHO has worked with local health workers to improve awareness and training about the importance of switching to clean cook-stoves.

At schools, on- going activities will focus on promotion of green spaces and better waste management through art competitions, fun-games, and peer education. There will also be house-to-house sensitization to encourage residents to stop burning waste and call available collection services. Volunteer households will take part in pilot waste segregation/recycling or composting initiatives.

“Air pollution is a major health problem, particularly in cities, but so are other non-communicable diseases that stem from sedentary lifestyles. There are solutions available now that yield potential multiple benefits for human health. Ensuring that these are given due consideration involves giving the health sector the tools and capacity to quantify all co-benefits in ways that are meaningful to policy and personal decision-making processes,” said World Health Organization Ghana Country Representative, Dr Owen Kaluwa.



Implementation of Graphic Health Warnings (GHWS) in Ghana

The regulation of tobacco in Ghana has become necessary due to the ratification of the WHO Framework Convention on Tobacco Control (FCTC) and Ghana's recognition of the harmful effects of tobacco use and the need to protect her citizens from the harm of tobacco consumption and exposure to tobacco smoke.

Having the vision to create a tobacco free society and to foster individual, community and government responsibility to prevent tobacco use by enabling multi-sectoral participation in tobacco control, The Food and Drugs Authority (FDA) Ghana with support from other stakeholders in Tobacco Control has implemented most of the WHO FCTC protocols and provisions.

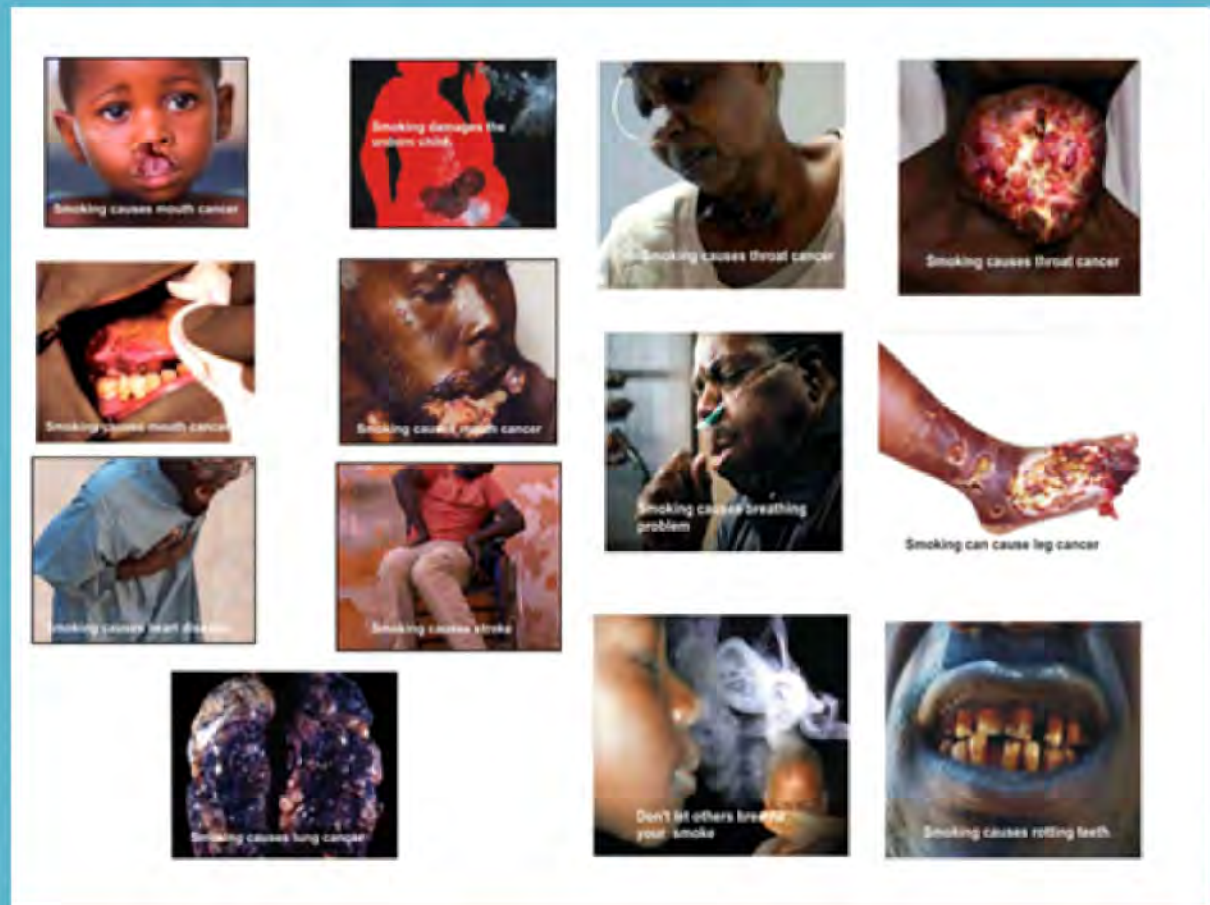
Ghana has made progress on tobacco control in recent years. However, people continue to die and become sick needlessly, and the costs to society from tobacco use continue to mount. Even though fewer men smoke in Ghana than on average in high income countries, there are still more

than 425,200 men, 69,200 women and 2,700 boys who smoke cigarettes each day, killing about 75 men a week and making it an on-going dire public health threat. (Tobacco Atlas Ghana).

GHWS are pictures meant to complement other channels of communication in order to reinforce awareness on the dangers of tobacco use especially cigarette smoke amongst the populace.

GHWs have proven to be more effective in communicating the health hazards related to tobacco use;

- They better communicate the health risks of tobacco use.
- They are critical in communicating health risks to large number of people worldwide who cannot read.
- They detract from the overall attractiveness of the package and deter new users who are usually young and image and brand conscious.
- Even tobacco users rate them as more effective.
- They are more likely to remain salient over time.
- They provoke more thought about the health risks of tobacco use and about cessation.
- They increase motivation and intention to quit.
- They are associated with increasing attempts to quit.



CATEGORY 4

HEALTH SYSTEMS STRENGTHENING

4.1 NATIONAL HEALTH POLICIES, STRATEGIES AND PLANS

Health Sector Medium Term Development Plan (HSMTDP, 2018-2021)

The HSMTDP provides a framework for planning by Agencies and Stakeholders in the health sector and defines the medium term vision and development of the health sector covering period of four years. It attempts to build on the ongoing efforts towards the attainment of Universal Health Coverage which include the expansion of coverage of the CHPS programme and the attainment of equity targets in the distribution of human resources for health. Technical support was provided to develop the HSMTDP and an M&E plan with KPIs. Support was also provided for costing of the HSMTDP and development of the Annual Programme of Work 2018. It is envisaged that this plan will intensify cost containment measures, improve ICT system, improve efficiency in the operations of the NHIS, advocate for an increase in NHIL and registration fees as well as timely releases of funds from central government.

Documentation of UHC Best Practises in the health sector

The UHC flagship programme serves as a platform to facilitate sharing of best practices. This program aims to work closely with a group of countries to put in place innovative mechanisms for responding to the needs for UHC and other health targets. These countries represent a range of possible situations across the Region, to ensure that lessons learnt can be applied in other situations. The documentation of best practices enables the process of knowledge exchange between the UHC flagship countries. It also builds on the 2008 WHO Regional Office for Africa Guide for documenting and sharing “best practices” in health programmes by focusing on the documentation of actions relating to UHC and other health targets in the SDGs, as outlined in the HSS framework of actions. A scoping mission from WHO/AFRO was in the country to document best practices that have been proposed for sharing with other countries. The areas selected for the documentation were as follows

- *Development of Antimicrobial Resistance Policy and National Action Plan in the “One Health Approach”*
- *Removal of Value Added Tax on Medicines to improve Access to Medicines*
- *Telemedicine initiative in Ghana*
- *Enrolment of informal sector and vulnerable populations on the NHIS*
- *Domestic Resource Mobilization*
- *Development of Staffing norms*
- *A roadmap was developed for scaling up implementation of identified best practices and information on the identified best practices collated.*

WHO support for achieving Universal Health Coverage (UHC) in Ghana



WHO/AFRO organized a scoping mission to Ghana to identify and build consensus on priority areas for UHC, document best practices for a regional learning platform on UHC and build consensus on WHO's expected role and determine areas that the country could be supported to achieve UHC in the medium to long term. The scoping mission consisted of desk reviews, face to face interviews and group discussions, observations and phone interviews. Areas identified for support among many others include:

- *Technical assistance for assimilation of recommendations of the cross programmatic efficiency analysis*

- *Build evidence for increased public health funding*
- *Provide technical support for budget formulation, execution and reviews*
- *Provide technical support towards formulation of estimates for health security and emergency.*
- *Support for National Health Workforce accounts*
- *Share best practices on sustainable ways for health worker retention*
- *Provide technical support for the development of HRH strategic plan*
- *A dissemination meeting was held at which these were discussed for further implementation*

Policy Documents Launched



Three policy documents were launched in the year under review. These were the (AMR) Antimicrobial Resistance Policy and the National Action plan (NAP), the 3rd Edition of the National Medicines Policy and the Report on Fight Against Epilepsy. These policy documents are to guide actions in the health and allied sectors. Antimicrobial resistance is one of the biggest threats to global health and development today, and is rising at alarming rates around the world. There is lack of adequate data especially in Africa to clearly grasp the scope and scale of the problem; determining the scope of the problem is essential for formulating and monitoring an effective response to AMR and thus it is hoped that the policy will drive actions to collect data and create interventions to fill the gaps that the data will present. The main challenges that are envisaged for the NAP are coordinating the implementation in the one health approach and financing of the plan. It has been mentioned in the NAP that a secretariat be set up to coordinate the activities. There will be the need to fund the set up the secretariat and the day to day activities of this secretariat. The National Medicine policy document is intended to express the commitment of the Government of Ghana towards the goal of

ensuring universal access to affordable essential medicines of assured quality to all people of Ghana, and their rational use by prescribers and consumers. All actions in the pharmaceutical sector would take alignment from this policy to ensure convergence of action and purpose, and to maximize investments in health for better outcomes. The Fight Against Epilepsy project came to an end in 2018, A publication on the project was launched to raise awareness and educate the general public on the true facts about epilepsy and the urgent need for improved treatment, better care, and greater investment in research. The publication also seeks to create a platform for people with epilepsy to share their experiences and stories with a national and ultimately a global audience. It calls for all people to advocate for appropriate legislation that will guarantee human rights of people with epilepsy and encourage people with epilepsy to live to their fullest potential.

4.2 ACCESS TO MEDICAL PRODUCT AND STRENGTHENING REGULATORY CAPACITY

Monitoring of Availability and Price to support VAT exemption for Health Products

Ghana is said to have the highest prices for medicines in the sub-region. The government in dealing with this put in legislation to remove Value Added Tax from about 520 medicines and their raw materials in the hope that this will bring down the prices of medicines. A committee was set up by the Ministry of Health to explore the public policy of the Valued Added Tax (VAT) Exemptions on all medicines listed in the Essential Medicines List 2017, in addition to pharmaceutical inputs, to reduce the burden of reimbursements on the NHIS. The Minister of Health then announced that effective July 1, 2018, all medicine prices under the National Health Insurance Scheme (NHIS), would be dropped by an average of 30 per cent. WHO supported with monitoring medicine prices to see if this policy is being adhered to. The results showed that no health facility had all the sampled medicines available at the time of data collection. However the private retail pharmacies stocked most of the medicines.

Availability of essential medicines was low at the public health facilities (56.79%). The private health facilities recorded (86.55%) and non – governmental not for profit (80.76%), had high availability of medicines. Some Medicines have prices reduced to about 40% some however have not been reduced and some prices have gone up above the original baseline.

Regulatory Systems Strengthening

1. Quality-assured, safe and effective medicines, vaccines and medical devices, including in-vitro diagnostics are fundamental to a functioning health system. The West African Sub region has been inundated with substandard and falsified medicines especially in the area of medicines for malaria treatment and antibiotics. A training was organized for regulators in the sub-region to undertake a quality survey to establish the quality of selected essential malaria and antibiotic medicines obtained from three levels of the distribution chain. This was also to support capacity building on planning, conducting, evaluating and follow up of risk-based market surveillance for them to better prevent, detect and respond to SF medical products. This was also to increase information sharing and reporting on substandard and falsified medical products using the Global Surveillance Monitoring System and explore prospects of information sharing for other product defects amongst national inspectorates.

In the end it is hoped that regulators will have an improved understanding of substandard and falsified medical products and contribute to gathering information on their potential impact on Anti-Microbial Resistance (AMR)

2. Training for FDA Technical Advisory Committee on Safety of Vaccines and Biological Products

AEFI surveillance is an effective means of monitoring safety of vaccines and contributes to the credibility and quality of any immunization programme. Sometimes occurrence of serious AEFI which may not necessarily be related to the vaccine or the vaccination may lead to rumours about the safety of vaccines which may derail the success of immunization programmes. Causality assessment of all serious AEFI is essential to determine if a causal relationship exists between a vaccine (and/or vaccination) and an adverse event. It is also used to ascertain the specific type of AEFI so that interventions can be put in place to prevent future occurrence. The WHO User Manual on Revised Classification of AEFI has undergone some revisions and from time to time the FDA recruits new members on their Technical Advisory committee; this requires that National AEFI Committees are provided adequate training on the revised WHO Causality Assessment Criteria in order to function efficiently. The training is also timely in that Ghana is one of the three countries scheduled to carry out the Malaria Vaccine Pilot Implementation Programme (MVIP). It is therefore crucial to prepare the National AEFI Committee to carry out effective causality assessment for any serious AEFI reports from the MVIP.

CATEGORY 5 PUBLIC HEALTH EMERGENCY, PREPAREDNESS, SURVEILLANCE AND RESPONSE

WHO support for IHR, IDSR and Outbreaks

To ensure public health security it is imperative health systems are strengthened through institution of preparedness measures and effective surveillance to early detect and timely respond to public health events to mitigate devastating consequences.

WHO is committed to supporting Ghana to strengthen the 2005 International Health Regulations (IHR) core capacities with the ultimate objective of augmenting the country's Ghana's ability to prevent, detect and promptly respond to health emergencies.

Areas of support include coordination and simulation exercises, integrated diseases surveillance and response system training, laboratory strengthening, case management and risk communication. Support for public health security strengthening was executed with technical assistance and resources from several collaborators including CDC, Norway Institute of Public Health, the country office, WHO AFRO and HQ.

National Action Plan for Health Security (NAPHS)

WHO supported the development of a costed comprehensive all-hazards strategic plan for emergency preparedness and response, NAPHS. This was a key milestone following Ghana's joint external evaluation (JEE) by a multi-disciplinary international team coordinated by WHO. The JEE exercise identified gaps, recommendations and prioritized public health interventions across 19 technical areas such as immunization, food safety and zoonotic diseases which informed the NAPHS. This National Action Plan for Health Security will be launched in 2019.



The chairperson of the workshop to develop the NAPHS presents opening remarks



Group picture of participants

Chemical Events Preparedness

The International Health Regulations (IHR), the Joint External Evaluation (JEE) conducted in Ghana identified low country capacity in chemical events preparedness. To help address this gap, WHO in collaboration with NIPH supported the development of a chemical events preparedness curriculum that will be used to train health staff to detect, assess and respond to chemical events and emergencies. The first batch of trainees who benefitted from the curriculum was 22 residents of the Cohort 11 of the Ghana Field Epidemiological Laboratory Training Program (GFELTP) at the University Of Ghana School Of Public Health. Ultimately the training will be offered to frontline health staff to prepare for and respond to chemical hazards and events of public health concern at the district and community levels.

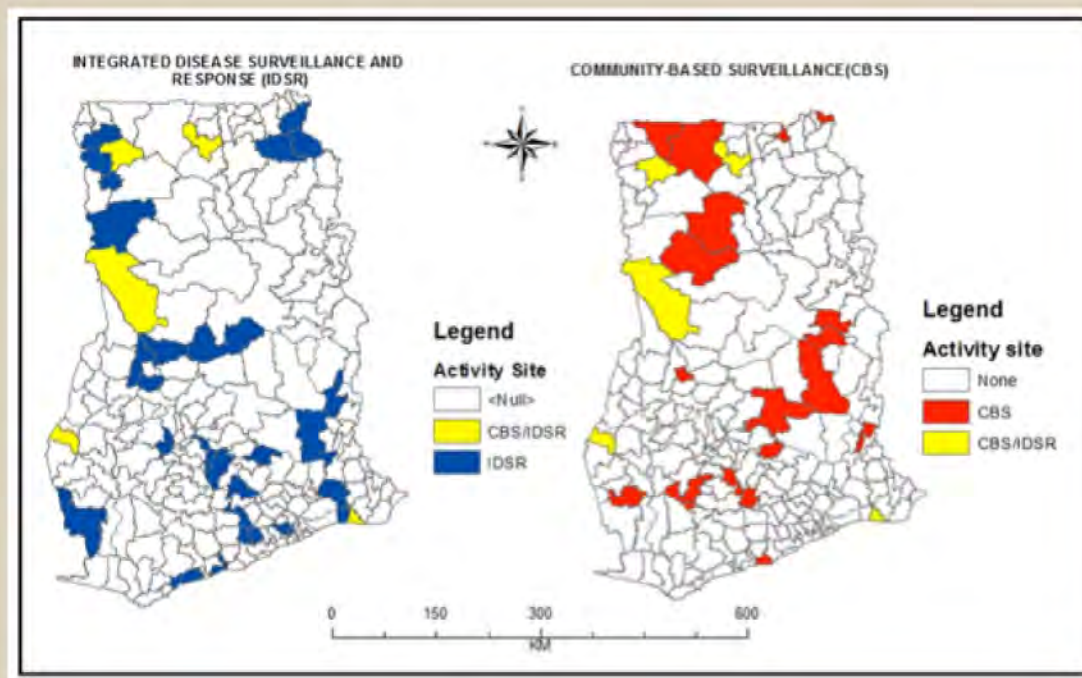


GFELTP residents in group discussions on a case study on chemical emergencies during the training

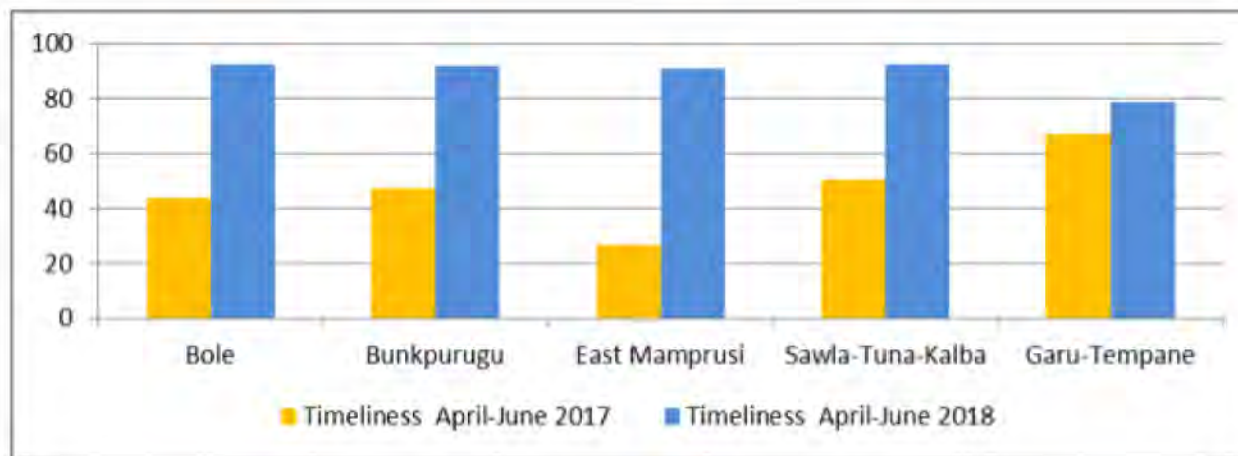
Integrated Disease Surveillance and Response (IDSR)/ Community Based Surveillance

A robust surveillance system complements preparedness for early detection and timely response to mitigate the impact of public health events. In Ghana IDSR is the strategy used for strengthening surveillance, early detection, case investigation, contact tracing and reporting, data and information analysis, management and dissemination for action.

CBS also build the capacity for community health staff, volunteers and members to contribute to surveillance to identify and report unusual community events for investigation. WHO in collaboration with CDC supported IDSR and CBS training of health staff and community volunteers in selected districts across the country. The usefulness of the training is evident with the beneficiary districts demonstrating improved performance in timelines and completeness of reporting which are indicators of good surveillance practices. It is expected that IDSR training will be scaled up to all district.



Districts benefiting from IDSR/CDS training



Selected districts in Northern Region showing timeliness in reporting before and after IDSR training

5.1 EPIDEMIC PRONE DISEASES

Cholera

Unlike in previous years when cholera was a perennial problem in Ghana, cholera outbreaks are gradually becoming a thing of the past. In 2018, no indigenous cases of cholera were confirmed. There were however 2 cases of imported cases of cholera with no fatality confirmed in 2 travelers from a neighbouring country. The surveillance system was up to the task and quickly detected both cases. All contacts of the patients were successfully traced with no new cases being detected. WHO supplied Cholera rapid diagnostic test (RDT) kits which were distributed to laboratories across the country for rapid diagnosis of suspected cholera cases.

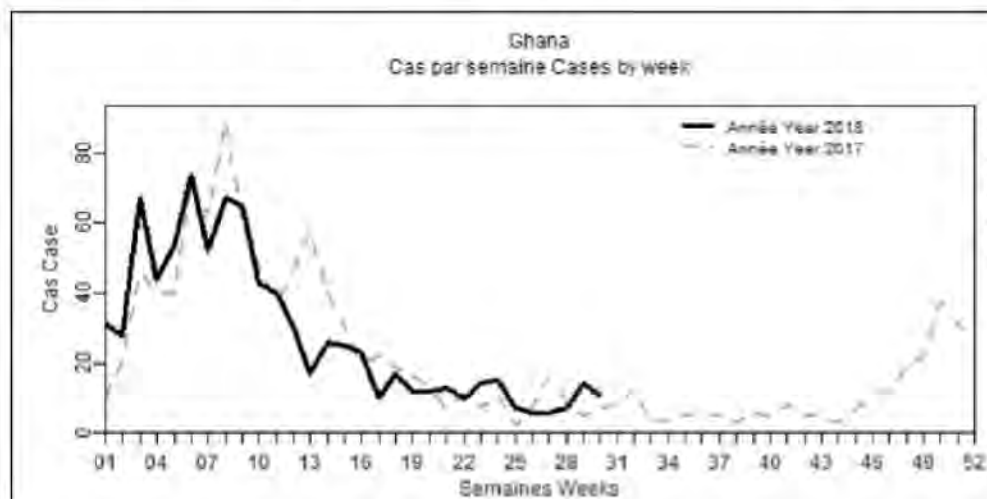


RDTs help in rapid diagnosis of diseases

Meningitis

The northern part of Ghana lies within the meningitis belt. The peak of the meningitis season falls within the first half of each year. By the end of the 31st week of 2018, 843 cases of meningitis season 60 deaths case fatality (CFR) of 6.9% had been reported compared to 881 cases of meningitis, 84 deaths, 9.5% respectively in 2017. The country maintained the high lumbar puncture rate of over 90% enabled enhancing testing of samples to identify the causative organism. Over 450 specimens underwent PCR testing at the Tamale Public Health Laboratory. The most commonly isolated organism was *Streptococcus pneumoniae* followed by *Neisseria meningitidis* (N Mn). The number of suspected cases (identified using case definition) reported in 11 districts crossed the alert threshold while in 6 the epidemic threshold was crossed. No epidemics were declared however as confirmatory tests did not yield positive results.

- *WHO maintained the annual support of meningitis diagnosis logistics and reagents to enhance the public health system ability to timely diagnosis meningitis in patients.*
- *As part of efforts to strengthen meningitis surveillance data management WHO supported the training of 26 data managers, disease control and surveillance officers from 10 regions in meningitis case based surveillance data management and transmission using the MenAfriNet Application.*



Distribution of meningitis cases in Ghana by week, 2017 and 2018 (Credit WHO/IST-WA Meningitis Weekly Bulletin, 2018)

Influenza

WHO supports pandemic influenza preparedness by strengthening influenza surveillance at sentinel sites and enhancing laboratory diagnosis at the national influenza center (NIC).

- In 2018 the following were supported:

The setup of 2 new influenza surveillance sentinel sites at Shai Osudoku District hospital and the Prampram polyclinic. This was enhanced by training of the staff from both facilities in influenza surveillance activities as well as respiratory sample collection techniques. The influenza teams in both facilities now submit samples to the NIC.



Teams from both health facilities practicing respiratory sample collection

- The evaluation of the strengths and gaps in the response activities following an influenza outbreak in a secondary school in Ashanti Region. At the dissemination of the findings to stakeholders involved in the response, the presence of the active surveillance system to identify the outbreak was commended but the need to strengthen operations of rapid response teams and make resources readily available for emergency response was also highlighted. The stakeholders took note of the recommendations to inform future outbreak response activities.
- Review meeting and supervisory visits of flu sentinel sites to enable sharing of experiences and best practices and address challenges to improve performance.

Table 7: WHO Support for IHR, IDSR, public health emergency and preparedness

Area of Support	Objective	Achieved	Output
Coordination and Health Systems Strengthening	Provide technical expertise to support coordination of preparedness and response activities and health systems strengthening	National Action Plan for Health Security (NAPHS) finalized	Multi-sectoral collaborators supported to outline and cost priority actions of 19 technical areas based on recommendations from the JEE
		IHR NFP trained in revised IHR monitoring questionnaire	2018 States Parties Self-Assessment Annual Reporting Tool (SPAR) completed and timely submitted
		Public Health Emergency Operation Center (PHEOC)	GHS staff trained in EOC and incident management system to enhance the establishment of a functional PHEOC in Ghana
		Chemical events assessment strengthened	Rapid risk assessment tool for chemical public health emergencies developed
		Emergency medical response strengthened	40 MOH and partner agency staff sensitized on Emergency Medical Team operations in health emergencies and sudden onset disaster
Surveillance	Build capacity in surveillance, case investigation, contact tracing, data management	Capacity built for regional rapid response teams (RRT)	73 multi-disciplinary health staff from all 10 regions trained to early detect and effective response to public health events, irrespective of origin or source
		Capacity built in Integrated Disease Surveillance and	151 male and female disease control, laboratory, veterinary and surveillance officers, facility and community health workers, from 6 districts in Northern and Brong Ahafo Regions trained to monitor and interpret data to early detect, report and respond to events
		IDSR implementation enhanced	Strengths, gaps and recommendations to improve IDSR implementation identified following support of rapid assessment of IDSR performance in 9 selected districts in 3 regions.
		Community based surveillance (CBS) strengthened	>3,000 CBSV and 648 supervisors trained to detect, report and response to PHE at community level in 24 districts nationally Evaluation of pilot CBS in 2 districts supported
		Data disseminated	Publication of weekly epidemiological bulletin supported
Laboratory	Support laboratory operations	Public Health laboratory system supported	Laboratory reagents and logistics for yellow fever, measles and rubella supplied to augment early detection of epidemics
		NMIMR VHF diagnostic capacity enhanced	Primers and reagents provided for detection of viral hemorrhagic fever (VHF) and influenza outbreaks
Case Management	Support case management	Preparedness for Lassa Fever (LF) augmented	57 packs of intravenous Ribavirin donated for management of potential LF cases following outbreak
Risk Communication and Social Mobilization	Support advocacy, communication, public information and education	Sensitization on IHR and public health emergency messaging supported	Updated educational information on Lassa Fever and influenza disseminated

CATEGORY 6 CORPORATE SERVICES AND ENABLING FUNCTIONS

6.1 Strategic Communications

During the year under review, the Facebook page, WCO Twitter handle and the WCO/Ghana website which were regularly updated. WCO/Ghana produced quarterly newsletters in addition to press releases on African Vaccination and Child Health Promotion Weeks. Official Health Days were also planned and celebrated and activities documented and disseminated to Technical Staff, Development partners, WRs & HPRs in AFRO

6.2 Transparency Accountability and Risk Management

As part of the Transformational Agenda, the Regional Office has set up the Accountability and Internal Control Strengthening Project to assist Country Office Staff in improving controls and accountabilities. There are now best practices, guidance on rules and regulations, SOPs, checklists and templates in place to increase work efficiencies. The use of KPIs is also in place for Country Offices to have a complete self-check on its performances against well-defined indicators.

6.3 Management and Administration

The general management and administration of the Office was ensuring full compliance and implementing control framework, ensuring a very efficient and effective information, communication and technology system with up-to-date infrastructure, provision of operational and logistic support and compliance of MOSS requirements.

6.3.1 Compliance and Control Framework

The necessary internal controls for efficient running of the office has been in line with organizational policy. The WCO followed clear delegation of authority, clear lines for reporting and strict adherence to laid down policies and procedures. The Country Office has a Compliance and Risk Management Committee who met quarterly to ensure full compliance of rules and regulations, SOPs and policies at the country level.

- WCO successfully hosted the 56th RPM and RD's official visit to the 2018 Health Summit
- WCO had a summary score of 3.7 (Strong) for the Internal Control Framework (Self-Assessment Checklist). The Operational Control Score was 3.77 which looks at Internal environment, risk management, control activities, information and communication and monitoring whilst the Functional Control Score was 3.67 and this looks are areas such as Planning, budgeting and monitoring of Workplans, donor agreements and awards, Human Resource, Security, Procurement, Travel, Information Technology, Asset management and accounting and financial management.
- WCO attained 53% implementation rate at the end of 2018 biennium as against the standard rate of 50% to be attained at Mid Term Reporting (MTR)
- WCO attained an overall KPI control effectiveness of 80% and had 70% green KPIs as against the 75% target set for the year
- The WCO made a presentation as one of the best performing countries for the GMC KPIs during the 2018 Senior Administrative Staff meeting held in Brazzaville
- Imprest accounts were closed timely and BNK1 is one of the best performing for the WCO

- Physical Verification of Assets done and Fixed Asset Year end Certificate submitted
- All mandatory courses (Zero Tolerance and Cyber Security) duly completed by all staff
- 91% Green Global Management KPIs
- 2016 Desk Audit duly closed
- 6 Admin team members were part of the Ghana Team for the Global Challenge to promote a healthy lifestyle

Table 8: GMC KPIs as at 31 December 2018 (117 active KPIs)

GREEN	YELLOW	RED
82	18	17
70.1%	15.4%	14.5%
3 Best performing KPIs	IMP3, ITM, PMDS	
3 worst performing KPIs	DFC, IMP1, TRV	

6.3.2 Managing Expenditure Tracking and Reporting – for efficient management of the work plans and monitor implementation rates for the WCO, monthly updates on Workplan expenditure was done and shared during the Monthly General Staff Meeting held on the first Monday of the month.

6.3.3 Summary of DFCs Issued

WCO issued One Hundred and nineteen (119) DFC agreements with the Ministry of Health and its agencies and a breakdown is below:

No of DFC	Received Reports	Overdue reports	Currently Due	Not Yet Due
119	78	3	25	13

The WCO as a normal practice followed up with government counterparts to have overdue and currently due reports submitted in due course for full closure of the POs. elmprest Operations

The elmprest system has been managed very well in the year and monthly closures are done promptly and reports submitted before the 10th of every month. The WCO has been very prompt in its elmprest operations and it has scored very good KPI ratings in the year.

6.4 Dr Matshidiso Moeti, AFRO Regional Director, official visit to Ghana

The WHO Regional Director for Africa, Dr Matshidiso Moeti paid her first official visit to the Republic of Ghana from 21 - 25 April 2018 at the invitation of the Ghanaian authorities. The visit provided an opportunity for her to acquaint herself with ongoing efforts, successes and challenges as the country strives to improve the health and well-being of Ghanaians.

Dr Moeti was the Special Guest of Honour at the 2018 Annual Health Summit and also delivered the keynote address.

The Regional Director paid courtesy calls on His Excellency President Nana Addo Dankwa Akufo-Addo, and Her Excellency the First Lady, Rebecca Akufo-Addo and the Parliamentary Select Committee on Health. She also held discussions with

Senior Officials of the Ministries of Health, and embarked on field visits to the Ayikuma CHPS facility, the Dodowa District Hospital and the Dodowa Health Research Centers all in the Greater Accra Region of Ghana.

Among her other engagements were meetings with the UN Country Team (UNCT), bilateral and multilateral partners as well as staff of the WCO to discuss coordination of international health partnerships to support the health sector in Ghana



6.5 Functional Review Process

The functional review process which was started in September 2017 was completed in 2018 with the staff matching process. The final report was submitted to the Regional Director for her approval and subsequent rollout of the Country Plan.

6.6 Information and Communication Technology

WCO enjoyed a good year of smooth Information and Communication Technology (ICT) service delivery. Overall ICT achieved a good rating for ITM Key Performance Indicators by having nine (9) Green Ratings

During the year in review, the Office had to relocate and ITM ensured the successful planning, executing and closing of all ITM projects namely

- Designing and installation CAT6a Local Area Network
- Re installation of VSAT communication Equipment
- Installation Wireless Controller and eight Wireless
- Installation of Fiber Optic Internet Connectivity
- Dismounting and Mounting of WCO Servers
- Setup and mounting of all ICT Equipment from old premises to new premises

ICT worked with all the service providers to oversee the successful completion of the projects. By 31st December all IT services were restored successfully with a new Local Area Network in place

A new Fiber Optic cable was laid Internet bandwidth speed for Vodacom Business increased from 3/3mbps to 10/10mbps with a very minimal cost margin

Information and Technology Management (ITM) added two more licenses to WCO Wireless Controller to enable the office add two more access point to our wireless network to increase it to eight access points.

WEBEX Video Conference calls were successfully setup during the Regional Programme Management Meeting 56 (RPM 56) to enable The Director General (DG) and some HQ staff have a video conference call with the AFRO Regional Director (RD), Directors and meeting participants

Service request

Information and Technology Management (ITM) unit including WCO Ghana continues to use the new Service Request platform - ServiceNow. This is an Incident Management system that manages all WHO activities including IT incidents and requests. It also gives an overview of all reported incidents which

is used for IT KPIs. All ICT help-desk support offered to staff were logged during the year with a total of 462 incidents

Back Up Service (ICT)

Currently document files are backed up daily and monthly. A copy of the monthly backup is kept off-site at one of the UN sister agency.

A Backup Internet connectivity service is operational 24-7. This serves as backup for the primary VSAT Internet

Staff Support and Training Needs on ICT

Support and Training were provided for staff throughout the year on all new ICT initiated projects. Training was given to staff on various innovations and requirements for ICT. Eg. The Drivers were taken through introduction to MS Word 2010

WHO Ghana ICT Policy and other ICT Circulars were reviewed and disseminated periodically.

Operational and Logistics Support Office Accommodation

In pursuit of suitable but affordable accommodation, the WCO successfully located and negotiated for another property and redesigning work started in the last quarter of 2018 to make it ready for use by the beginning of 2019.

This new location has a modern building and space to cater for the long term needs of the WCO with some cost savings over the current location.

Fleet Management

The WCO has operated with a fleet of nine (9) vehicles during 2018 and all are still in service. The most run vehicle (Toyota Prado has clocked 230,000kms and the least run is a Toyota Camry –representation vehicle which has run a little below 15,000kms) the oldest vehicle (a Toyota V8 land cruiser) was placed in service in 2008 and the latest addition is a Toyota Hilux Double cabin pick up which is intended to replace one of the vehicles planned for decommissioning in 2019.

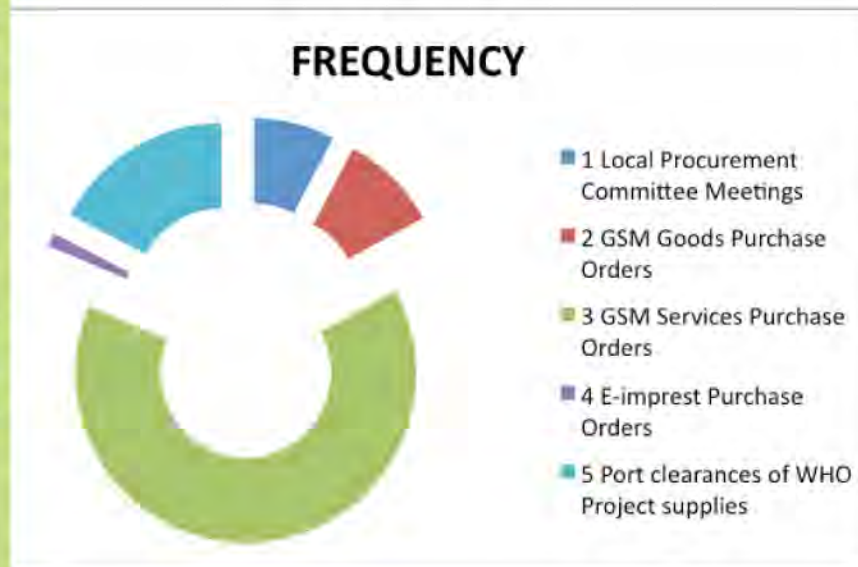
A total mileage of almost 180,000kms was safely covered by the fleet during the period. Service/maintenance expense of GHS43,142.76 was incurred on the fleet with an average downtime for maintenance service of 1 day.

Procurement of Goods and Services

There is a Local Procurement Committee in place at the WCO set up in 2014. Its main mandate is to provide objective and independent advice on procurement of goods and services for the WCO. The Regional Office provided new terms of references in September 2018 through the Delegation of Authority of the Regional Director. The above also facilitated the introduction of a three (3) member Local Property Survey Committee in the Country office.

A total of 24 LPC meetings were held. 29 rounds of goods procurement, 200 General External Services and 4 Imprest Purchase Orders were successfully carried out in GSM during the period. 52 port clearances activities were also successfully undertaken and all consignments were delivered to the end user projects.

Also of significance was the involvement of Logistics in various joint UN activities.



MOSS – The WCO did its Mandatory Assessment in November 2017 and was requested to present its budget since the office was non-compliant. This we could not take action due to the fact that there is a possible relocation and some actions might have to be repeated if done now.

Note



World Health
Organization

World Health Organization Ghana

A series of horizontal lines for writing, arranged in two columns. Each column contains 15 lines, providing a space for notes.