# GHANA HEALTH SECTOR

# 2026 PROGRAMME OF WORK

# MINISTRY OF HEALTH

## ACRONYMS

| ABBREVIATION | MEANING |
|---|---|
| A&EU | Accident and Emergency Unit |
| ABFA | Annual Budget Funding Amount |
| AHPC | Allied Health Professionals Council |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANC | Antenatal Care |
| APOW | Annual Programme of Work |
| AUDA | African Union Development Agency |
| BCI | Blood Collection Index |
| BLS | Basic Life Support |
| CDC | Centers for Disease Control |
| CHAG | Christian Health Association of Ghana |
| CHE | Current Health Expenditure |
| CHPS | Community-Based Health Planning and Services |
| COVID-19 | Coronavirus - 2019 |
| CPDs | Continuing Professional Development |
| CPMR | Centre for Plant Medicine Research |
| CRVS | Civil Registration & Vital Statistics |
| DHIMS | District Health Information Management System |
| ECOWAS | Economic Community of West Africa States |
| EHSP | Essential Health Services Package |
| EmONC | Emergency Obstetric and Newborn Care |
| EMT | Emergency Management Teams |
| EPP | Electronic Pharmacy Platform |
| FDA | Food and Drugs Authority |
| GAVI | Global Alliance for Vaccines and Immunisation |
| GCNM | Ghana College of Nurses and Midwives |
| GCPharm | Ghana College of Pharmacists |
| GCPS | Ghana College of Physicians and Surgeons |
| GHC | Ghana Cedis |
| GhILMIS | Ghana Integrated Logistics Management Information System |
| GHS | Ghana Health Service |
| GoG | Government of Ghana |
| HeFRA | Health Facilities Regulatory Agency |
| HFS | Health Financing Strategy |
| HIV | Human Immune Virus |
| HSMTDP | Health Sector Medium Term Development Plan |
| HTIs | Health Training Institutions |
| ICU | Intensive Care Unit |
| IGF | Internal Generated Funds |
| IMF | International Monetary Fund |
| IPC | Infection Prevention and Control |
| IPPD | Integrated Personnel and Payroll Database |
| ISO | International Organisation for Standardisation |
| KATH | Komfo Anokye Teaching Hospital |

| ABBREVIATION | MEANING |
|---|---|
| KBTH | Korle Bu Teaching Hospital |
| KidsOR | Kids Operating Room |
| LMD | Last Mile Distribution |
| LMIS | Logistics Management Information System |
| MDC | Medical and Dental Council |
| MoF | Ministry of Finance |
| MoFFA | Mortuary and Funeral Facilities Agency |
| MoH | Ministry of Health |
| MRI | Magnetic Resonance Imaging |
| MTCT | Mother to Child Transmission |
| NAS | National Ambulance Service |
| NBS | National Blood Service |
| NCDs | Non-Communicable Diseases |
| NEPAD | New Partnership for Africa's Development |
| NHIA | National Health Insurance Authority |
| NHIF | National Health Insurance Fund |
| NHIS | National Health Insurance Scheme |
| NMC | Nurses and Midwives Council |
| NoP | Network of Practice |
| NVI | National Vaccine Institute |
| PBB | Program Base Budget |
| PC | Pharmacy Council |
| PC-PEG | Post COVID-19 Program for Economic Growth |
| PHC | Primary Health Care |
| PMTCT | Prevention of Mother to Child Transmission |
| PPM | Planned Preventive Maintenance |
| RRTs | Rapid Response Teams |
| SCMP | Supply Chain Master Plan |
| SDGs | Sustainable Development Goals |
| SSA | Sub-Sahara Africa |
| TB | Tuberculosis |
| TMPC | Traditional and Alternative Medicine Practice Council |
| UHC | Universal Health Coverage |
| UK | United Kingdom |
| WIFA | Women in Fertility Age |

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## FOREWORD

The 2026 Annual Program of Work (APoW) marks the first year of implementation for the new Health Sector Medium Term Development Plan (HSMTDP 2026-2029). As such, it prioritizes reinforcing achievements from key initiatives under the previous plan while establishing the foundation for implementing its successor, the HSMTDP 2026-2029. In four years, the sector will assess progress towards the Universal Health Coverage (UHC) roadmap targets. This makes it imperative for all stakeholders to intensify collaborative efforts and strengthen commitments to ensure these objectives are successfully met.

In 2026, the Ministry will prioritize the implementation of the Ghana Medical Care Trust Fund (MAHAMACARES Fund) to finance the treatment of cervical, breast, prostate, and childhood cancers (Burkitt's lymphoma), hypertension, cardiovascular disorders and diabetes.

As part of efforts to improve health services delivery, the Ministry will implement free primary health care from the CHPS compound to the polyclinic level. This program will guarantee equal access to essential primary health care services including maternal and newborn care, reproductive health, adolescent and child health. This will be achieved through the uncapping of the National Health Insurance Fund to increase resource allocation to improve primary health care service delivery.

The Ministry will augment emergency preparedness and response capabilities by expanding immunization programs, integrating disease surveillance, and enhancing water, sanitation, and hygiene (WASH) measures. These initiatives seek to protect public health and alleviate the socio-economic consequences of epidemics.

To address the funding void created by the withdrawal of the USAID, the Government, via the National Health Insurance Authority, has established a framework to support selected health initiatives, particularly those related to HIV/AIDS and preventive/promotive healthcare.

Medical tourism remains a priority for the Government. To this end the Ministry will finalize, disseminate and implement the Medical Tourism Policy and Strategy. This will be done by focusing on renovating selected tertiary facilities into state-of-the-art quaternary specialist facilities to reduce dependence on overseas medical care and promote patronage by the international community.

To expand allied and specialized health services, the Ministry will construct the College of Allied Health Sciences to meet essential workforce demands by training professionals in biomedical science, radiography, physiotherapy, nutrition, and other allied health disciplines. The Ministry is dedicated to investing in workforce development and executing strategic policies to enhance human resource capacity in the Health Sector. To this end, the Ministry will enhance the capacity of health professionals by prioritizing continuous professional development at all levels of healthcare.

In line with the international commitment signed by the Government at COP 26 and 28 to strengthen the Health Sectors resilience to climate related impact, the Ministry will develop and implement the Health Climate Change Adaptation Plan and coordinate the development of Regional Health Adaptation Plans.

Importantly, this Program of Work also reaffirms our government's unwavering commitment to transparency, accountability and results-based performance across all Agencies and Directorates. As we roll out new initiatives — such as the Ghana Medical Care Trust Fund and the retooling of Health Facilities — we will ensure that every cedi spent is tied to measurable health outcomes.

To our partners, health workers, civil society actors, and communities across Ghana: your contributions remain invaluable. The Ministry of Health will continue to engage and collaborate with all stakeholders to ensure that the ambitions captured in this plan are realized in every district, every health facility, and every household.

This document outlines the plans and budget of the Sector for the 2026 fiscal year. As such Agencies are expected to ensure strict adherence in implementing planned activities and ensure efficient utilization of resources in line with the provisions of the Public Financial Management Act.

I wish to thank our healthcare provider,s both public and private, and urge them to continue to support the Health Sector.

**KWABENA MINTAH AKANDOH (MP)**
**Minister for Health**

# CHAPTER ONE

## 1.0 INTRODUCTION

The 2026 Annual Programme of Work (APOW) constitutes the first year of implementation of the Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029, following its rigorous development and stakeholder certification process in accordance with the National Development Planning (System) Act and NDPC guidelines. This APOW operationalises the strategic direction, goals, and priority interventions of the medium-term plan and provides an actionable framework for sector programmes, activities, timelines, and expected outputs within the 2026 fiscal year.

The HSMTDP 2026–2029 represents a strategic pivot from the previous plan cycle (2022–2025), building on lessons learned and achievements realised under that plan — including expanded access to essential services, strengthened emergency response systems, and improvements in health system governance, quality of care, and workforce performance. The transition to the 2026–2029 cycle aligns with the broader Medium-Term National Development Policy Framework and is crafted to ensure seamless linkages between sector planning and national budgetary allocation processes as outlined in the NDPC planning guidelines.

At its core, the 2026 APOW aligns operational priorities with the national and global commitments to Universal Health Coverage (UHC), the Sustainable Development Goals (SDGs), and evidence-based resource allocation practices embedded in contemporary health sector reforms. The year 2026 anchors the medium-term plan's implementation pathway by ensuring that foundational investments, institutional reforms, and programme delivery mechanisms are in place to accelerate progress toward improved health outcomes across all levels of care.

Ghana's macroeconomic context continues to influence health sector investments. Moderate GDP growth and improvements in fiscal stability support enhanced domestic funding for health, contributing to an expanding fiscal space that is critical for sustaining priority interventions. Over recent years, such growth has been associated with increases in health budget allocation per capita, which have in turn correlated with tangible gains in key health outcomes including reductions in maternal and child mortality and improvements in life expectancy. Within this improving economic climate, the 2026 APOW emphasises prudent financial management and the optimisation of health financing mechanisms to bolster sector performance and resilience.

The strategic focus of the 2026 APOW is both forward-looking and operationally grounded. It emphasises: - Strengthening primary health care systems and service delivery platforms, recognising that equitable access to quality essential services is the backbone of UHC. - Enhancing health system resilience and emergency response capacities, ensuring readiness to manage public health threats and emerging challenges. - Advancing quality of care and information systems, supporting data-driven decision-making and accountability across all implementing entities. - Optimising human resource performance and institutional effectiveness, to improve productivity, morale, and equitable distribution of health personnel. - Consolidating health financing reforms, including mechanisms that expand financial risk protection and efficient use of resources. These priorities reflect continuity and adaptation of key thematic areas from the previous plan and are expected to be refined further as sector implementation experience accrues.

As the Ministry implements this APOW, emphasis will be placed on effective coordination across the Ministry of Health, its Agencies, the Ghana Health Service, the National Health Insurance Authority, development partners, the private sector, and sub-national health management teams. This collaborative approach ensures that programme outcomes contribute measurably to national development objectives and the attainment of health targets set under the HSMTDP 2026–2029 framework.

The 2026 APOW adopts the Programme-Based Budget (PBB) structure, which clearly articulates sector objectives, priority interventions, associated activities, and performance expectations. The document is structured into five chapters: Chapter One sets the context and strategic foundations; Chapter Two delineates 2026 priority focus areas; Chapter Three outlines the action plan; Chapter Four details the aligned budget; and Chapter Five establishes the performance monitoring and evaluation framework.

## 1.1 Vision, Goal and Health Policy objectives

**Vision**

The vision for the health sector is to have a healthy population for national development.

**Goal**

Increased access to quality essential health care and population-based services for all by 2030

**Policy objectives**

- Universal access to better and efficiently managed quality healthcare services
- Reduce avoidable maternal, adolescent and child deaths and disabilities
- Increase access to responsive clinical and public health emergency services

## CHAPTER TWO
## 2.0 PRIORITY AREAS FOR 2026

The 2026 Programme of Work operationalises the implementation arrangements of the new Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029, following the expiration of the 2022–2025 Plan. It articulates the health sector's strategic priority areas and the corresponding 2026 Annual Action Plan (AAP) for the effective implementation of the HSMTDP.

- Operationalize the Ghana Medical Cares Trust Fund (MAHAMACARES) to support the cost of healthcare for persons with chronic disease such as kidney failure (dialysis), cancers, sickle cell diseases etc.
- Strengthen the implementation of Free Primary Healthcare at the lower levels of care
- Training and recruitment of health workforce
- Procurement of essential health commodities and vaccines
- Strengthen the regulation of Health Professionals, Facilities, Food and Non-food products
- Promote medical tourism in the country
- Retooling of Hospitals (equipment & logistics)2
- Construction of Regional Hospitals
- Oversight of local manufacturing of vaccines
- Continue the scale-up of the implementation of Health Information Systems (e.g., E-HEALTH, GHiLMIS, etc) to lower levels to improve patient management
- Uncap the National Health Insurance Levy and ensure the timely release of payment to service providers and additional fund to finance healthcare for Ghanaians
- Implement free primary health care.

### Capital Investment

The Ministry intends to focus on progressing and completing ongoing projects to attain 100% completion, as indicated below

- Construction & Equipping of CHPS compounds/Health Centres at selected locations in Ghana
- Reconstruction of La General hospital/consultancy
- Agenda 111 Projects
- Rehabilitation of Juaboso Hospital
- Kath Maternity Block

The following pipeline projects will receive the required approvals for Project Commencement activities:

- construction of 12 CHPS compounds at selected locations in Ghana
- Psychiatric Hospital Projects
- Construction of three (3) Regional Hospitals (Western North, Savanna, Oti)
- Construction of Specialist Hospital at Ajumako Bisease
- Ho Teaching Hospital Redevelopment
- Construction of a 500-bed paediatric hospital in Accra
- Construction of Central Medical stores
- Construction & Completion of District Hospitals (Shama, Bole, Bawku, Akatsi and Sandema)

### Pandemics, Outbreaks and others

In ensuring that pandemics, outbreaks and other health emergencies are detected early for effective management, the Ministry and its Agencies will continue to implement the proven interventions such as:

- Improving surveillance systems and education to aid in the detection and response to new pandemics;
- Risk Communication;
- Case Management and Containment;
- Testing and Laboratory Services;
- Collaborating with its development partners

# CHAPTER THREE

## 3.0 2026 ANNUAL ACTION PLAN

The Ministry's Budget Program structure has been aligned to the broad operations, expected outputs and targets for all Agencies. These have further been consolidated into a framework to guide the implementation of the Sector's planned activities for 2025 as indicated in Table 11 below.

**Table 1: 2026 Action Plan**

Objective 1: Universal Access to Quality and Efficiently Managed Healthcare Services

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Develop and implement innovation in healthcare delivery models to enhance efficiency and effectiveness. | Nationwide | X | X | X | X | 4,100,000 | | - | | X | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service | Leadership and Governance |
| Conduct Community Health Screenings and Awareness Campaigns | Nationwide | X | X | X | X | 3,150,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, Private | Service Delivery |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Engage communities in the planning and implementation of primary healthcare programmes. | Nationwide | X | X | X | X | 42,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority | Service Delivery |
| Implement patient-centred care models and improve the quality of healthcare services. | Nationwide | X | X | X | X | 52,850 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies | Service Delivery |
| Increase the availability of essential health services across the continuum of care | Nationwide | X | X | X | X | 52,150 | | - | | | X | Ghana Health Service (GHS) | MOH, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies | Medical Products and Technologies |
| Increase the early detection, prevention and management of NCDs | Nationwide | X | X | X | X | 49,525 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Development Partners, Ghana Medical Trust Fund Secretariat, National Ambulance Service, all other service delivery agencies | Service Delivery |
| Promote and expand locally manufactured vaccines and health commodities | Nationwide | X | X | X | X | 30,000 | | - | | | X | Food and Drugs Authority (FDA) | GHS, NVI, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood | Vaccines and Technologies |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| | | | | | | | | | | | | | Service, Ambulance Service, all other services | |
| Promote health education and awareness campaigns to encourage healthy behaviors. | Nationwide | X | X | X | X | 35,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Provide comprehensive specialized care and treatment for NCD-related diseases (Ghana Medical Trust Fund) | Nationwide | X | X | X | X | 784,000,000 | | - | | | X | Teaching Hospitals | GHS, CHAG, Mental Health Authority, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariate, NHIA, Development Partners, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Strengthen data analytics and use for decision-making | Nationwide | X | X | X | X | 250,000 | | - | | | X | MoH HQ | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services | Health Information Systems |
| Strengthen community engagement and risk communication for health promotion | Nationwide | X | X | X | X | 40,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority | Community Participation and Ownership |
| Strengthen regulatory oversight of health facilities | Nationwide | X | X | X | X | 300,000 | | - | | | X | Regulatory Agencies | GHS, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| | | | | | | | | | | | | | Ambulance Service, all other services | |
| Strengthen regulatory oversight of health professionals | Nationwide | X | X | X | X | 225,000 | | - | | | X | Regulatory Agencies | GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services | Leadership and Governance |
| Strengthen regulatory oversight of products and medical devices | Nationwide | X | X | X | X | 238,500 | | - | | | X | Regulatory Agencies | GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services | Leadership and Governance |
| Advocate for provision and expantion of Quality Mental health services at all levels of care (Including developing quality mental healthcare standareds). | Nationwide | X | X | X | X | 24,000 | | - | | | X | Mental Health Authority | GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Psychiatry Hospitals | Leadership and Governance |
| Provide integrated and composite MH services | Nationwide | X | X | X | X | 9,975,000 | | - | | | X | Mental Health Authority | GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry Hospitals | Service Delivery |
| Conduct outreach services at all levels of care | Nationwide | X | X | X | X | 150,000,000 | | - | | | X | Ghana Health Service (GHS) | Teaching Hospitals, CHAG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Service Delivery |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Expand specialist and sub-specialist service lines (modified services eg. Palliative services, Breast clinic) | Nationwide | X | X | X | X | 1,500,000 | | - | | | X | Teaching Hospitals | GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychaitry hospitals | Service Delivery |
| Expand rehabilitative service at all levels of care | Nationwide | X | X | X | X | 60,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Improve Quality of care and patient safety | Nationwide | X | X | X | X | 100,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Strengthen Gender-related healthcare services at all levels of care (including disability and men's health) | Nationwide | X | X | X | X | - | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Integrate the use of artificial intelligence (AI) in the provision of health services | Nationwide | X | X | X | X | 875,000 | | - | | | X | Teaching Hospitals | GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals | Research & Innovation |
| Strengthen alternative medicine practice including traditional medicine at all levels | Nationwide | X | X | X | X | 875,000 | | - | | | X | Centre for Plant Medicin Research (CPMR) | GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals | Service Delivery |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Build hospitals to be climate-smart and energy efficient | Nationwide | X | X | X | X | 1,252,500 | | - | | | X | MoH HQ | GHS, Teaching Hospitals, CHAG, MOF, HEFRA, AMSG, development partners | Health Infrastructure |
| Engage other sectors, such as education, agriculture, local government, communication and transport to address social determinants of health. | Nationwide | X | X | X | X | 110,000 | | - | | | X | MoH HQ | MOE, MOFA, LGCRA, MOC, MOT, development partners | Partnership and Multisectoral Collaboration |
| Develop and implement national health policies that prioritize universal healthcare access. | Nationwide | X | X | X | X | 175,000 | | - | | | X | MoH HQ | All Agencies | Leadership and Governance |
| Develop green supply chain models for the procurement of medicines, equipment and consumables | Nationwide | X | X | X | X | 1,000,000 | | - | | X | FALSE | MoH HQ | GHS | Medical Products and Technologies |
| Integrate health information systems to manage patient data efficiently. | Nationwide | X | X | X | X | 210,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, Private Sector | Health Information Systems |
| Provide essential medical products and technologies in all healthcare facilities. | Nationwide | X | X | X | X | 2,354,990,000 | | 626,010,000 | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, FDA | Medical Products and Technologies |
| Finalize and implement Comprehensive | Nationwide | X | X | X | X | 175,000 | | - | | | X | MoH HQ | GHS, Teaching Hospital | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Geriatric policy | | | | | | | | | | | | | | |
| Implement continuous professional development programmes | Nationwide | X | X | X | X | 2,000,000 | | - | | | X | MoH HQ | GCNM, GCPS, GCPharm | Health Workforce |
| Implement health insurance schemes to cover all citizens | Nationwide | X | X | X | X | 625,000 | | - | | | X | NHIA | MOH HQ, GHS, Teaching Hospitals | Health Financing |
| Increase the number of healthcare professionals through training programs and incentives. | Nationwide | | | | X | 2,000,000 | | - | | | X | MoH HQ | HTIs, GCNM, GCPS, GCPharm | Health Workforce |
| Promote and expand locally manufactured vaccines and health commodities | Nationwide | X | X | X | X | 52,500 | | - | | | X | NVI | MOH, GHS, Teaching hospitals, FDA | Vaccines and Technologies |
| Expand the use of telemedicine and other digital health technologies to reach remote areas. | Nationwide | X | X | X | X | 750,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals | Research & Innovation |
| Promotion and expansion of medical tourism | Greater Accra, Ashanti, Northern, Volta | X | X | X | X | 63,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, HEFRA, CPMR | Service Delivery |
| Provide funding for comprehensive specialized care and treatment for | Nationwide | X | X | X | X | 700,000 | | - | | X | | MoH HQ | NHIA, Ghana Medical Trust Fund Secretariat, development partners | Health Financing |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| NCD-related diseases | | | | | | | | | | | | | | |
| Implement the Ghana Medical Trust Fund initative | Nationwide | X | X | X | X | 980,000,000 | | - | | X | | | | Service Delivery |
| Implement the Free Primary Healthcare policy | | X | X | X | X | 3,500,000 | | - | | X | | GHS, NHIA | GHS, CHAG AMSG | Service Delivery |
| Strengthen data analytics and use for decision-making | Nationwide | X | X | X | X | 3,052,500 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals | Health Information Systems |
| Strengthen public financial management systems across all agencies | Nationwide | X | X | X | X | 1,705,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals | Health Financing |
| Strengthen supply chain systems at all levels | Nationwide | X | X | X | X | 2,552,500 | | - | | | X | MoH HQ | GHS, CHAG. Teaching Hospitals | Medical Products and Technologies |
| Strengthen the health workforce export programme | Nationwide | X | X | X | X | 52,500 | | - | | | X | MoH HQ | GHS, CHAG. Teaching Hospitals | Health Workforce |
| Strengthen the provider payment mechanism to address free PHC and NCD treatment | Nationwide | X | X | X | X | 2,100,000 | | - | | | X | NHIA | GHS, CHAG, Teaching Hospitals | Health Financing |
| Develop Oral health strategic document | Nationwide | X | X | X | X | 200,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Review and implement National Cancer strategy document | Nationwide | X | X | X | X | 1,182,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Develop and implement national policy and strategy on palliative and rehabilitation | Nationwide | X | X | X | X | 3,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Establish and operationalise national cancer registry | Nationwide | X | X | X | X | 5,250,000 | | - | | X | | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Information Systems |
| Generate financial data to support evidence-based decision | Nationwide | X | X | X | X | 5,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Information Systems |
| Implement non-financial incentive package | Nationwide | X | X | X | X | 625,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Engage stakeholders in the design and building of health infrastrucutre project | Nationwide | X | X | X | X | 50,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Implement the Health Infrastructure Strategy Plan | Nationwide | X | X | X | X | 433,681,348 | | 314,045,114 | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Implement Medical device policy | Nationwide | X | X | X | X | 2,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Monitor and supervise health infrastructure projects | Nationwide | X | X | X | X | 1,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Undertake feasibility studies for capital projects | Nationwide | X | X | X | X | 500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Develop Health Sector Annual | Nationwide | X | X | X | X | 1,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Programme of Work | | | | | | | | | | | | | | |
| Develop National Health Account | Nationwide | X | X | X | X | 2,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop annual Programme Based Budget | Nationwide | X | X | X | X | 1,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Organise quarterly Budget Committee meetings | Nationwide | X | X | X | X | 200,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop Annual Budget Performance report | Nationwide | X | X | X | X | 500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop and implement human tissue and organ transplant policy | Nationwide | X | X | X | X | 707,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Develop and implement Geriatric Strategy | Nationwide | X | X | X | X | 525,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Develop and implement Assistive Technology Policy | Nationwide | X | X | X | X | 448,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Medical Products and Technologies |
| Develop and implement diability policy | Nationwide | X | X | X | X | 315,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Undertake health sector holistics assessment | Nationwide | X | X | X | X | 2,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| conduct joint monitoring evaluation | Nationwide | X | X | X | X | 1,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| develop M&E systems to track sector performance (financial & non-financial) | Nationwide | X | X | X | X | 175,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Information Systems |
| Constitute and inaugurate governing boards/councils | Nationwide | X | X | X | X | 100,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Conduct health sector oversight meetings | Nationwide | X | X | X | X | 90,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop Legislative instrument | Nationwide | X | X | X | X | 1,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Procure moveable and immoveable equipment | Nationwide | X | X | X | X | 385,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Develop administrative policies (welfare and transport) | Nationwide | X | X | X | X | 920,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Undertake planned preventive maintenance of buildings, equipment and plants | Nationwide | X | X | X | X | 1,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |
| Conduct capacity building and traning programs at all levels | Nationwide | X | X | X | X | 2,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop national medical equipment database | Nationwide | X | X | X | | 3,500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Infrastructure |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Implement nursing & midwifery framework | Nationwide | X | X | X | X | 500,000 | | - | | | X | MoH HQ | GHS, CHAG. Teaching Hospitals, development partners | Leadership and Governance |
| Implement health gender policy and action plan | Nationwide | X | X | X | X | 375,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Implement the Infection Prevention Control (IPC) strategy | Nationwide | X | X | X | X | 350,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Implement the National Quality Strategy | Nationwide | X | X | X | X | 375,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Develop health sector medium term plan | Nationwide | X | X | X | X | 143,200 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Review and implement the Ghana Health Financing Strategy | Nationwide | X | X | X | X | 150,000 | | - | | | X | MoH HQ | MOF, GHS, CHAG, Teaching Hospitals, development partners | Health Financing |
| Advocate for earmarking of health tax revenue | Nationwide | X | X | X | X | 289,350 | | - | | | X | MoH HQ | MOF, GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop Core Competency Framework for Nursing and Midwifery | Nationwide | X | X | X | | 250,000 | | - | | X | | MoH HQ | | Health Workforce |
| Develop Midwifery Education Practice and Centres of Excellent Program | Nationwide | X | X | X | | 1,000,000 | | - | | X | | MoH HQ | | Health Workforce |
| Develop Nursing and Midwifery Research Agenda | Nationwide | X | X | X | | 504,250 | | - | | X | | MoH HQ | | Health Workforce |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | QI | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Finalise Ghana National Health Laboratory Policy | Nationwide | X | X | | | - | | - | | X | | MoH HQ | | Leadership and Governance |
| Develop National Medicine Policy (4th Edition) | Nationwide | X | X | X | | - | | - | | X | | MoH HQ | | Leadership and Governance |
| Generate reliable evidence using Health Technology Assessment to support decision making | Nationwide | X | X | X | X | 500,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, Regulatory Agencies | Leadership and Governance |
| Review the Standard Treatment Guideline and Essential Medicines List | Nationwide | X | X | X | | 100,000 | | - | | | X | MoH HQ | | Leadership and Governance |
| Facilitate staff welfare activities | Nationwide | X | X | X | X | 52,500 | | - | | | X | MoH HQ | | Health Workforce |
| Implement client service chatter | Nationwide | X | X | X | X | 2,500,000 | | - | | | X | MoH HQ | | Leadership and Governance |
| Implement Health Payroll Budget | Nationwide | X | X | X | X | 21,790,565,812 | | 264,662,743 | | | X | MOH HQ | GHS,CHAG | Health Workforce |
| Provide clinical services | Nationwide | X | X | X | X | 1,971,060,000 | | 23,940,000 | | | X | GHS | CHAG, THs, MOH HQ | Service Delivery |
| Implement administrative functions | Nationwide | X | X | X | X | 42,000,000 | | - | | | X | MOH HQ | GHS, CHAG, THs, Regulatory Agencies | Leadership and Governance |
| Implement NTD programmes. | Nationwide | X | X | X | X | 945,000,000 | | - | | | X | GHS | MOH HQ | Service Delivery |
| | | | | | | | | | | | | | | |
| Objective 2: Reduce Avoidable Maternal, Adolescent, and Child Deaths and Disabilities | | | | | | | | | | | | | | |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Deploy skilled birth attendants in all healthcare facilities. | Nationwide | X | X | X | X | 180,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority | Health Workforce |
| Review and implement strategies focused on maternal, adolescent, and child health. | Nationwide | X | X | X | X | 630,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority | Service Delivery |
| Engage communities on RNMCAH&N programmes. | Nationwide | X | X | X | X | 77,000 | | - | | | X | Ghana Health Service (GHS) | Development Partners, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority | Service Delivery |
| Implement integrated care models to address the health needs of children. | Nationwide | X | X | X | X | 46,200 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector. National Blood Service, National Ambulance Service, all other services | Service Delivery |
| Implement integrated care models to address the health needs of mothers and neonates. | Nationwide | X | X | X | X | 49,350 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services | Service Delivery |
| Invest in research to identify effective interventions for reducing maternal and child mortality. | Nationwide | X | X | X | X | 525,000 | | - | | | X | MoH HQ | GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Mental Health Authority, National Blood Service. | Health Financing |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| | | | | | | | | | | | | | Ambulance Service, all other services | |
| Provide essential medicines and vaccines for mothers and children. | Nationwide | X | X | X | X | 495,000,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, FDA, NVI | Vaccines and Technologies |
| Develop and implement assisted reproductive technology policy (ART) | Nationwide | X | X | X | X | 350,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Medical Products and Technologies |
| Implement Sickle Cell Disease Strategy | Nationwide | X | X | X | X | 375,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Service Delivery |
| Develop National Policy Guidelines on Domiciliary Midwifery and Home Nursing Care | Nationwide | X | X | X | X | 200,000 | | - | | X | | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Develop Homecare Nursing and Domicilliary Midwifery Policy | Nationwide | X | X | X | | 250,000 | | - | | X | | MoH HQ | GHS, CHAG | Health Workforce |
| Implement RNMCAH&N programmes. | Nationwide | X | X | X | X | 1,000,000,000 | | - | | X | | GHS | MOH HQ, CHAG, DPs | Service Delivery |

Objective 3: Increase Access to Responsive Clinical and Public Health Emergency Services

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Review and implement national emergency preparedness and response plans. | Nationwide | X | X | X | X | 455,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services | Emergency Preparedness & Resiliance |
| Engage communities in emergency preparedness and response planning. | Nationwide | X | X | X | X | 70,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector. National Blood Service, National Ambulance Service, all other services | Community Participation and Ownership |
| Build capacity of the rapid response teams deployed to areas affected by emergencies. | Nationwide | X | X | X | X | 62,500 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services | Emergency Preparedness & Resiliance |
| Enforce regulatory frameworks to ensure quality and accountability in emergency services. | Nationwide | X | X | X | X | 315,750 | | - | | | X | Regulatory Agencies | GHS, CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services | Leadership and Governance |
| Invest in research to identify effective interventions for emergency response. | Nationwide | X | X | X | X | 500,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services | Health Financing |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| Promote health education and awareness campaigns to encourage community involvement in emergency response. | Nationwide | X | X | X | X | 63,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services | Service Delivery |
| Strengthen surveillance systems to prevent, detect and respond to diseases of public health concern | Nationwide | X | X | X | X | 52,500 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services | Health Information Systems |
| Strengthen surveillance systems by establishing processes and infrastructure to actively monitor, prevent, detect, and respond to the circulation and use of sub-standard medicines and falsified health technologies | Nationwide | X | X | X | X | 42,525 | | - | | | X | Food and Drugs Authority (FDA) | GHS, CHAG, Private Health Sector, Teaching Hospitals, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services | Health Information Systems |
| Strengthen vector control and environmental health programmes | Nationwide | X | X | X | X | 39,200 | | - | | | X | Ghana Health Service (GHS) | CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services | Service Delivery |
| Train Health Workforce in Climate Change and Health and | Nationwide | X | X | X | X | 501,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, AMHSG, Private Health Sector | Health Workforce |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| environment related risk | | | | | | | | | | | | | | |
| Organise educational talks on voluntary blood donation | Nationwide | X | X | X | X | 140,000 | | - | | | X | National Blood Service (NBS) | MOH, GHS, CHAG, Private Health Sector, Teaching Hospitals | Service Delivery |
| Strengthen safe blood for quality health services | Nationwide | X | X | X | X | 70,000 | | - | | | X | National Blood Service (NBS) | MOH, GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, National Ambulance | Service Delivery |
| Strengthen anti-microbial resistance (AMR) interventions at all levels of care | Nationwide | X | X | X | X | 160,000 | | - | | | X | Ghana Health Service (GHS) | CHAG, AMHSG, Private Health Sector, Teaching Hospitals | Service Delivery |
| Engage environment and disaster management agencies on WASH | Nationwide | X | X | X | X | 52,500 | | - | | | X | MoH HQ | NADMO, MEST, LGCRA, MWHWR, development partners | Leadership and Governance |
| Develop and implement national emergency preparedness and response plans. | Nationwide | X | X | X | X | 3,500,000 | | - | | | X | MoH HQ | GHS, NAS, NBS, SJAB, Teaching Hospitals, CHAG, NCCRM, NADMO, MOI, MOD | Emergency Preparedness & Resiliance |
| Develop emergency health information systems to manage data during crises. | Nationwide | X | X | X | X | 1,100,000 | | - | | | X | MoH HQ | | Health Information Systems |
| Develop an integrated (metrological, environmental and health data) for national | Nationwide | X | X | X | X | 800,000 | | - | | | X | MoH HQ | Gmet, GHS, MEST | Leadership and Governance |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| climate and health surveillance systems | | | | | | | | | | | | | | |
| Provide essential medical supplies and equipment for emergencies. | Nationwide | X | X | X | X | 700,052,500 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, FDA | Medical Products and Technologies |
| Establish emergency healthcare facilities and mobile clinics. | Nationwide | X | X | X | X | 62,500 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals | Health Infrastructure |
| Implement financial mechanisms to ensure rapid mobilization of resources during emergencies. | Nationwide | X | X | X | X | 625,000 | | - | | | X | MoH HQ | GHS, Teaching hospitals | Health Financing |
| Develop and implement a national climate and health policy and health national adaptation plan (the H-NAP) to build climate resilience in the health sector | Nationwide | X | X | X | X | 3,500,000 | | - | | X | | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Leadership and Governance |
| Train Health Workforce in Climate Change and Health and environment related risk | Nationwide | X | X | X | X | 300,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Health Workforce |
| Procure advanced health security | Nationwide | X | X | X | X | 140,000 | | - | | | X | MoH HQ | GHS, CHAG, Teaching Hospitals, development partners | Medical Products and Technologies |

| Project/ Key Activities | Location | Time frame | | | | Cost | | | | Project Status | | Implementing institution/Department | | Development Programme |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | GOG | DAFC | IGF | Others | New | Ongoing | Lead | Collaborating | |
| diagnostic equipment | | | | | | | | | | | | | | |
| Implement Communicable Disease programmes programmes. | Nationwide | X | X | X | X | 900,000,000 | | - | | | X | GHS | MOH HQ, CHAG | Service Delivery |
| Implement Emergency Preparedness Plan | Nationwide | X | X | X | X | 600,000,000 | | - | | | X | MOH HQ | ALL AGENCIES, DPs | Emergency Preparedness & Resiliance |

## CHAPTER FOUR

## 4.0 2026 HEALTH SECTOR PROGRAMME BASED BUDGET

The 2026 health sector budget has been developed based on the Budget Statement and Economic Policy of the Government of Ghana for the 2026the Health Sector Medium Term Plan (2026-2029) amongst other policy documents of the Ministry.

For the year 2026, the health sector budget will be funded from the three (3) traditional sources, i.e. GoG, IGF and Donor. The budget structure remains the same as in the Health Sector Medium Term Development Plan (2026-2029).

**Public Financial Management (PFM) Considerations:**

- Public Financial Management (PFM) Act, 2016 (Act 921) and 2019 Public Financial Regulations (L.I. 2378)
    - The Ministry implement the 2026 budget strictly within the legal framework of the Public Financial Management (PFM) Act, 2016 (Act 921) and its 2019 Regulations (L.I. 2378). All spending must follow Parliament-approved appropriations, and Heads of Covered Entities (e.g. the Director-General of Health Services) must ensure no unauthorized commitments.
    - In particular, Section 25(4) of Act 921 (4) states: *A Principal Spending Officer or any other public officer shall not commit Government to a financial liability, including contingent liability, unless that Principal Spending Officer is specifically authorized to do so under this Act, the Regulations or directives issued pursuant to this Act.)*. Principal Spending Officer are therefore bared from incurring liabilities unless explicitly authorized under the Act or Regulations. Procurement and other commitments must align with the approved vote lines, and all payment vouchers must be processed on GIFMIS (per PFM Regulations 61)

- Cash Plans
    - In line with PFM Act Sec. 31 states: *For the purpose of subsection (1) of section 25 of the Act, the Principal Spending Officer of each covered entity shall, by a date specified by the minister, through the approved computerized budget management system, approve and submit to the Budget Office of the Ministry or the Office of the Ministry or the Office of the Ministry responsible for cash management (a) an annual work plan of the respective covered entity; and (b) the quarterly update of the work plan. (3) A work plan shall include cashflow forecasts of the covered entity for the financial year and any other data and information required under the computerized budget management system*

- Budget Performance Reporting
    - The PFM Act mandates regular reporting on budget execution. Section 30(3), states: *A Principal Spending Officer shall, not later than the 1st day of the months of April, July, September, and December of each year, in the format determined by the Chief Director, submit a report to the Minister on the activities or programmes of the respective covered entity and the implementation of the budget of the covered entity for the preceding quarter, including the actual and forecast commitments and cash positions of the covered entity.*

- Sanctions under the PFM Act
  - The PFM Act provides strict sanctions for non-compliance. Any public officer who, for example, "makes an unauthorized commitment", fails to account for funds, submits false documents or incurs expenditure beyond appropriation commits an offence (PFM Act Sec. 96). Such offences carry criminal penalties: summary conviction can lead to imprisonment (6 months–5 years) and/or heavy fines (100–2,500 penalty units). Section 98 further penalizes general contraventions (e.g. issuing payments outside GIFMIS or flouting the Act) with fines of 150–250 penalty units or 6–24 months' jail. In addition, Section 97 empowers the Finance Minister to surcharge (recover) any public officer who negligently causes a loss or deficit in public funds.

- Public Investment Management Regulations (PIMS)
  - All capital projects in the 2026 budget must follow the Public Investment Management Regulations, 2020 (L.I. 2411). These regulations prescribe the full project cycle and assignment of responsibilities to ensure sound implementation.

- Fees and Charges Miscellaneous Act
  - The Fees and Charges (Miscellaneous Provisions) Regulation, 2023 (L.I. 2481) governs all statutory fees levied by MDAs. The Ministry must ensure that any user-fees or charges it collects (e.g. for medical services, licenses, permits) have explicit legal authority under this Act. All fees must be legally approved and included in the official Fees & Charges Schedule. The Ministry of Health will liaise with MoF to revise or introduce new fees.

**Budget Implementation Instructions**

In line with the provisions in the Public Financial Management (PFM) Act, all Agencies are required to adhere to the following Budget Implementation Instructions:

- All Agencies are required to use the multi-year functionality (Blanket Purchase Order) on the GIFMIS to capture multi-year commitments/contracts in accordance with the Medium-term Expenditure Framework ceilings.

- All Agencies are to note that Commencement of Certificates and Budgetary Provisions are prerequisites for all procurements to be paid by the central government. In addition, only projects and Purchase Orders with approved budgets and allotments can obtain procurement approvals.

- All Agencies are required to ensure that only active staff members are validated monthly for salary payments. Also, Agencies are to ensure that all requests for financial clearance to recruit or replace staff are accompanied by the full cost implications, including allowances. Technical clearance from the Public Service Commission does not constitute financial clearance for MDAs to commence any recruitment process.

- To facilitate the planning and execution of the approved Goods and Services budget, the Ministry of Finance will continue to issue quarterly budget allotments and warrants to the Controller and Accountant-General's Department for Goods and Services.

- Agencies are to ensure that in awarding new contracts, there is no indexation to a foreign currency; advance mobilization payment clauses are not included, except with written approval from the Minister for Finance; projects are included in the approved Public Investment Plan (PIP) submitted in the Programme-Based Budget document to Parliament. In addition, Agencies are to note that approval from the Public Procurement Authority (PPA) does not constitute permission to award new contracts that commit the government.

- All Revenue generation Agencies are required to lodge revenue collections in gross into the NTR Holding Accounts, where available, before disbursing funds into their operational accounts for use in accordance with the 2025 annual appropriation. In addition, Agencies are required to process retained IGF portions on GIFMIS and submit GIFMIS-generated monthly returns to the Ministry of Health for onwards submission to the Ministry of Finance. Furthermore, revenue generation Agencies cannot spend beyond the appropriated amount unless provisions are made during the Mid-year Budget.

- All Agencies are reminded to avoid engaging in transactions or contractual obligations that could result in judgement debts for the state. Also, no contract should be terminated without obtaining advice from the Attorney General's office.

- All Agencies are to note that the authority to grant tax exemptions is solely vested in Parliament.

## 4.1 Breakdown of 2026 Budget by Programs

The Ministry has four main budget programs namely:

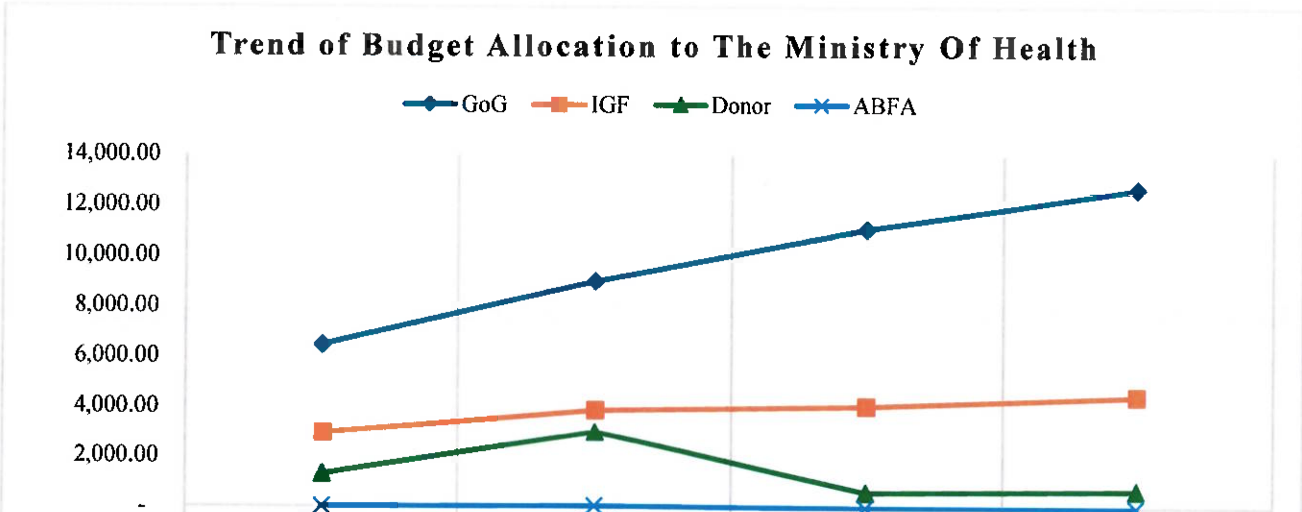
(i) Management and Administration to provide stewardship for the sector and it is mainly carried out by the MoH headquarters including National Vaccine Institute (NVI) and Mental Health Authority (MHA).

(ii) Health Service Delivery for the provision of preventive, promotive, curative, palliative, emergency care, mental health and rehabilitative care at the primary, secondary and tertiary levels-this is mainly carried out by the GHS, AMHSG, CHAG, CPMR, Teaching and Psychiatric hospitals, Ambulance and Blood Services.

(iii) Human Resource for Health Development and Management for the training of basic, post-basic and specialized health professionals and is carried out by the Health Training Institutions and Specialized Colleges.

(iv) Health Sector Regulation to regulate health facilities, professionals, pharmaceuticals and medicinal health products, as well as food and non-medicinal health products. This is carried out by the FDA, HeFRA, MOFFA, Pharmacy Council, Medical & Dental Council, Nurses & Midwives Council, Psychology Council, Allied Health Professions Council and Traditional Medicine Practice Council.

### Budget Allocation Trend 2022-2025




| | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| GoG | 6,461.03 | 9,000.02 | 11,077.72 | 12,675.45 |
| IGF | 2,948.13 | 3,886.93 | 4,045.98 | 4,452.31 |
| Donor | 1,304.22 | 2,996.54 | 603.54 | 689.06 |
| ABFA | 32.42 | 61.05 | - | - |
| **Years** | **2022** | **2023** | **2024** | **2025** |

From the graph above, GoG allocation to the health sector has increased from GHS6.46billion in 2022 to GHS12.67billion in 2025. IGF which is the second major source of funds, has shown a considerable increase from GHS2.95 billion in 2022 to GHS4.45 billion in 2025. Donor support increase in 2023 and declined in 2024 and with a marginal increase in 2025. On the other hand, ABFA increased from GHS32.4 million in 2022 to GHS61.05 million in 2023. Subsequently, no ABFA allocation was made to the health sector in the 2024 and 2025 fiscal years although it played a significant role in financing infrastructure at the primary level.

### Breakdown of Approved Budget for 2026

The Ministry of Health's approved budget for 2025 totals GHC17.82 billion, sourced from Government allocations, Internally Generated Funds (IGF) and donor contributions. The table 2 below provide a summary of the approved budget for 2026.

Table 2: 2026 Approved Budget by Source of Funding

| Source of Funds | Compensation of Employees (GHC) | Goods and Services (GHC) | Capex (GHC) | Total (GHC) | % share of funding source |
|---|---|---|---|---|---|
| GoG | 15,015,241,123 | 177,632,543 | 1,090,272,900 | 16,283,146,566 | 71.40% |
| IGF | 1,232,611,041 | 4,030,174,917 | 747,077,962 | 6,009,863,920 | 26.35% |
| Donor (Loans) | | 51,005,902 | 205,727,448 | 256,733,350 | 1.13% |
| Donor (Grants) | | 255,157,220 | | 255,157,220 | 1.12% |

| | | | | | |
|---|---|---|---|---|---|
| **TOTAL** | **16,247,852,164** | **4,513,970,582** | **2,043,078,310** | **22,804,901,056** | **100%** |
| % share of economic item | **71.25%** | **19.79%** | **8.96%** | **100%** | |

| Source of Funds | Economic Classifications | | | | % share by source of funds |
|---|---|---|---|---|---|
| | Compensation of Employees (GHC) | Goods and Services (GHC) | Capex (GHC) | Total (GHC) | |
| **GoG** | 12,207,545,744.10 | 157,632,542.63 | 310,272,900.00 | **12,675,451,186.72** | **71.14%** |
| **IGF** | 893,911,742.39 | 2,961,734,165.00 | 596,661,233.59 | **4,452,307,140.98** | **24.99%** |
| **Donor** | - | 477,161,310.00 | 211,900,000.00 | **689,061,310.00** | **3.87%** |
| **ABFA** | - | - | - | **0** | **0.00%** |
| **TOTAL** | **13,101,457,486.49** | **3,596,528,017.62** | **1,118,834,133.59** | **17,816,819,637.70** | **100.00%** |
| **% share by Economic Classification** | **73.5%** | **20.2%** | **6.3%** | **100.0%** | |

Below is a detailed breakdown and analysis of the budgetary allocations:

Government of Ghana (GoG) remains the largest contributor at GHC12.68 billion (71% of total), primarily allocated for the payment of employee compensation. Internally Generated Funds (IGF) which is the second-largest source at GHC 4.45 billion (25%), largely directed toward Goods and Services (67%) and Capex (13%). Donor Funds: GHC 689 million (4%), focused on Goods and Services (69%) and Capex (31%). There was no allocation for ABFA, indicating no reliance on this source for 2025.

**2026 Budget by Budget Programs**

The table 3 below shows the allocation of the 2025 budget to the four Health Budget Programmes. As per the allocation, service delivery which is the core function of the Ghana Health Service, Ahmadiyyah Muslim Mission, the Teaching Hospitals and pre-service delivery agencies constitutes 80.15% of the total budget allocation. The Management and Administration budget program is held by the MOH HQ and constitutes 11.36%. Human Resource for Health Development and Health Sector regulation budget programs constitute 5.46% and 3.03% of the total budget respectively.

Table 3: Breakdown of 2026 Budget by Budget Programs

| Budget Program | Source of Fund (GHC) | | | Total (GHC) | % Allocation |
|---|---|---|---|---|---|
| | GOG | IGF | DONOR | | |
| Management and Administration | 2,307,361,146.16 | 18,693,000.00 | 32,483,382 | **2,358,537,528.16** | **10.34%** |
| Health Service Delivery | 13,592,351,717.35 | 4,650,264,492.00 | 479,407,188 | **18,722,023,397.35** | **82.10%** |
| Human Resource for Development | 213,522,805.98 | 839,566,660.00 | | **1,053,089,465.98** | **4.62%** |

| | | | | | |
|---|---|---|---|---|---|
| Health Sector Regulation | 169,910,896.51 | 501,339,768.00 | | **671,250,664.51** | **2.94%** |
| **Total** | **16,283,146,566.00** | **6,009,863,920.00** | **511,890,570** | **22,804,901,056.00** | **100.00%** |

**Additional Expected Inflow for 2026**

**Proposed National Health Insurance allocation to MOH**

| **Operations** | **Description** | **Proposed NHIA Allocation Based on Decapping (9.88%) GHC** |
|---|---|---|
| National Immunization | **Primary Health & Preventive Care** | |
| | Expanded Program on Immunization (EPI) | **318,104,376.86** |
| | *Gavi co-finance* | *188,138,760.82* |
| | *Traditional Vaccine* | *77,750,000.00* |
| | *Malaria vaccine* | *51,486,050.00* |
| | *Immunization Devices* | *729,566.04* |
| | Global Fund Co-financing | **170,000,000.00** |
| | *Malaria Commodities* | *10,000,000.00* |
| | *Commodities for TB* | *30,000,000.00* |
| | *Antiretroviral Medicines & Counterpart Funds* | *130,000,000.00* |
| Public Health Preventive Services | Malaria Control Program | 250,000,000.00 |
| Public Health (Preventive) Services | Indoor Residual Spraying | 24,000,000.00 |
| Public Health (Preventive) Services | Sickle Cell Screening Program | 500,000.00 |
| Pre Health care Service | Ambulance Service | 15,000,000.00 |
| National Immunization | Rabies Vaccines | 2,500,000.00 |
| Provision of Mental health Services | psychotherapeutic medicines | 15,000,000.00 |
| Health commodities | Contraceptives | 9,550,000.00 |

| Operations | Description | Proposed NHIA Allocation Based on Decapping (9.88%) GHC |
|---|---|---|
| National Immunization | Tetanus Immunization | 2,500,000.00 |
| National Immunization | Anti-snake West African Polyvalent Sera (PFR) | 15,000,000.00 |
| National Immunization | CSM Vaccines & Medicines | 12,064,885.19 |
| Pre Health care Service | Blood Collection Bags and Reagents for NBTS | 2,000,000.00 |
| Health specialist Training and Research | Fellowship for Continuing Students | 6,500,000.00 |
| Health Infrastructure | Const. Health Training Schools | 9,000,000.00 |
| | GF Co-financing arrears | 25,000,000.00 |
| Software acquisition and Development | Health Provider E-Health Solution | 75,000,000.00 |
| IT Solutions for Health | Emergency Medical Supply | 20,000,000.00 |
| Management and Monitoring policies, prog and Projects | Monitoring Health Projects | 13,060,000.00 |
| **Total** | | **984,779,262.05** |

# CHAPTER FIVE

# 5.0 PERFORMANCE ASSESSMENT FRAMEWORK

## 5.1 Sector Monitoring and Evaluation

Monitoring and evaluation are still important components of assessing sector performance. The 2026APOW will be evaluated using tools developed by the Ministry and its stakeholders. The Holistic Assessment tools will be used in the sector-wide assessment. As part of the sector's monitoring processes, bi-annual monitoring by the Ministry and donors will be implemented. Furthermore, routine monitoring by various Agencies will be an essential component of the 2026 APOW monitoring. In 2026, the DHIMS will serve as the primary source of data for monitoring and evaluating the sector. The HSMTDP targets agreed upon for 2026 will be closely monitored as well. The following table represents the Health Sector indicators and targets for the medium term:

## POLICY OUTCOME INDICATORS AND TARGETS

The table below shows some of the outcome indicators for 2026. The Annual Programme of Work of the Ministry has the full set of the indicators and targets for the year 2026.

**Table 4: Policy Outcome Indicators and Targets**

| Goal: Increased access to quality essential health care and population-based services for all by 2030 | | | | |
|---|---|---|---|---|
| **Objective: 1 - Universal access to better and efficiently managed quality healthcare services** | | | | |
| **Indicators** | **Indicator Type** | **Baseline 2025** | **Targets 2026** | **Responsibility** |
| Proportion of facilities adopting models | Outcome | - | 10% | GHS–Policy Planning, Monitoring & Evaluation Division (PPMED) |
| Patient attendance at these clinics | Outcome | - | 24,000 | GHS–HIU / Clinical Care Directorate |
| Coverage of rehabilitative services | Outcome | - | 5% | GHS–Allied Health Division |
| Facility achieving accreditation (SafeCare, ISO, JCI) | Outcome | - | 5% | HeFRA |
| Infection rates | Outcome | - | 5% | GHS–Quality Assurance & IPC Unit |
| Accreditation rates | Outcome | - | 10% | HeFRA |
| Rate of adverse events | Outcome | - | 5% | GHS–Quality Assurance & Clinical Care Directorate |
| Service availability index (WHO) | Outcome | 69 | 73 | GHS–HIU / PPMED |
| Patient satisfaction indices | Outcome | - | 55 | GHS–Quality Assurance / PPMED |
| Community score card | Outcome | - | 15 | GHS–Health Promotion Division |
| Coverage of integrated care programs | Outcome | - | 10% | GHS–Clinical Care / Family Health Division |
| Maternal/child health service uptake | Outcome | 74% | 77% | GHS–Family Health Division |

| **Goal: Increased access to quality essential health care and population-based services for all by 2030** | | | | |
|---|---|---|---|---|
| **Objective: 1 - Universal access to better and efficiently managed quality healthcare services** | | | | |
| **Indicators** | **Indicator Type** | **Baseline 2025** | **Targets 2026** | **Responsibility** |
| NCD case management coverage rate | Outcome | 42% | 47% | GHS–NCD Programme |
| Number linked to care | Outcome | - | 9,000 | GHS–NCD Programme |
| Geographical/facility coverage | Outcome | - | 45% | GHS–Infrastructure Directorate |
| Access to essential surgery within 2hrs travel | Outcome | 37% | 40% | GHS–Clinical Care / Infrastructure Directorate |
| Peri-operative mortality rate | Outcome | 10 per 1,000 | 9 | GHS–Clinical Care Directorate |
| Workforce density for SOTA physicians | Outcome | 1.2 | 1.4 | GHS–HRDD |
| Percentage of health facilities offering mental health services | Outcome | 7% | 9% | Mental Health Authority (MHA) |
| Workforce density for mental health | Outcome | 0.12 | 0.15 | MHA / GHS–HRDD |
| Percentage of primary care facilities integrating mental health services | Outcome | 3% | 5% | MHA / GHS–Mental Health Programme |
| Resistant isolate numbers and proportions | Outcome | - | 5% | GHS–Public Health Reference Lab / FDA |
| Proportion of population with active NHIS membership | Outcome | 54% | 58% | NHIA |
| Bed occupancy rate | Outcome | 66% | 65% | GHS–Infrastructure Directorate |
| Trend in patient encounters with antibiotics | Outcome | - | 5% | GHS–Disease Surveillance Dept. / FDA |

| Indicators | Indicator Type | Baseline 2025 | Targets 2026 | Responsibility |
|---|---|---|---|---|
| **Goal: Increased access to quality essential health care and population-based services for all by 2030** | | | | |
| **Objective: 1 - Universal access to better and efficiently managed quality healthcare services** | | | | |
| Quality pass rate for food and medical products | Outcome | - | 88% | FDA |
| Mental health service access rates (psychiatric OPD or composite) | Outcome | 7% | 8% | MHA / GHS–Mental Health Programme |
| **Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities** | | | | |
| Penta 3 (pentavalent vaccine) coverage rate | Outcome | 91.90% | 92.50% | GHS–EPI Unit |
| Measles-Rubella 2 coverage rate | Outcome | 92.50% | 93.10% | GHS–EPI Unit |
| HIV prevalence/incidence, ART coverage | Outcome | 1.60% | 1.50% | GHS–National AIDS/STI Control Programme (NACP) |
| TB case detection and treatment success rates | Outcome | 50.60% | 53.10% | GHS–National TB Control Programme (NTP) |
| Institutional malaria under-5 case fatality rate | Outcome | 0.40% | 0.38% | GHS–National Malaria Elimination Programme (NMEP) |
| Institutional delivery rate | Outcome | 68.70% | 72.10% | GHS–Family Health Division (Safe Motherhood) |
| Early ANC/PNC visit rate | Outcome | 68.7% / 57.8% | 72.1% / 60.7% | GHS–Family Health Division |
| Neonatal mortality rate (NMR) | Outcome | 5.2 | 4.9 | GHS–Family Health Division / CHIM |
| Infant mortality rate (IMR) | Outcome | 8.1 | 7.7 | GHS–Family Health Division / CHIM |
| Under-5 mortality rate (U5MR) | Outcome | 10.7 | 10.2 | GHS–Family Health Division / CHIM |
| Stillbirth Rate (all SB) | Outcome | 8.9 | 8.5 | GHS–Family Health Division |

| Indicators | Indicator Type | Baseline 2025 | Targets 2026 | Responsibility |
|---|---|---|---|---|
| **Goal: Increased access to quality essential health care and population-based services for all by 2030** | | | | |
| **Objective: 1 - Universal access to better and efficiently managed quality healthcare services** | | | | |
| Fresh Stillbirth Rate | Outcome | 4.3 | 4.1 | GHS–Family Health Division |
| Macerated Stillbirth Rate | Outcome | 4.6 | 4.4 | GHS–Family Health Division |
| % of mothers practicing exclusive breastfeeding | Outcome | 57.80% | 60.70% | GHS–Nutrition Department |
| % of mothers who initiated breastfeeding within 30 min | Outcome | — | 50% | GHS–Nutrition Department |
| Contraceptive prevalence rate | Outcome | 33.50% | 35.20% | GHS–Family Health Division (RH Unit) |
| Teenage pregnancy rate | Outcome | 13.00% | 12.40% | GHS–Family Health Division (Adolescent Health Programme) |
| Adolescent RH service uptake | Outcome | — | 15% | GHS–Family Health Division (Adolescent Health Programme) |
| Prevalence of anaemia among adolescents | Outcome | — | 28% | GHS–Nutrition Department |
| Utilization rates (e.g., facility or intervention) | Outcome | 1.13 OPD per capita | 1.18 | GHS–HIU / PPMED |
| Screening coverage rates (e.g., by disease/condition) | Outcome | — | 40% | GHS–NCD Programme / Disease Control Unit |
| Control rates for hypertension/diabetes | Outcome | — | 30% | GHS–NCD Programme |
| NCD case-specific mortality rate | Outcome | — | 3.50% | GHS–NCD Programme / CHIM |
| **Objective: 3 - Increase access to responsive clinical and public health emergency services** | | | | |
| Coverage of outreach services to marginalized/vulnerable groups | Outcome | 42% | 50% | GHS–Health Promotion Division / Family Health Division |

**Goal: Increased access to quality essential health care and population-based services for all by 2030**

**Objective: 1 - Universal access to better and efficiently managed quality healthcare services**

| Indicators | Indicator Type | Baseline 2025 | Targets 2026 | Responsibility |
|---|---|---|---|---|
| Response time to outbreaks | Outcome | 48 hrs | 36 hrs | GHS–Disease Surveillance Department |
| Proportion of emergencies compliant with national protocols | Outcome | 66% | 72% | GHS–EPR Unit / Quality Assurance |
| Number/proportion of sub-standard/falsified medicines detected | Outcome | – | 8 | FDA |
| Proportion of detected substandard/falsified cases leading to regulatory/enforcement actions | Outcome | – | 55% | FDA |
| Percentage increase in KAP score post-campaign | Outcome | – | 10% | GHS–Health Promotion Division |
| Percentage of population with knowledge on key health topics | Outcome | – | 45% | GHS–Health Promotion Division |
| % of communities reporting readiness | Outcome | 44% | 48% | GHS–EPR Unit / Health Promotion Division |
| Participation rate | Outcome | – | 30% | GHS–Health Promotion Division |
| Units of blood donated mobilized by voluntary donors | Outcome | – | 850 | National Blood Service Ghana (NBSG) |
| Population coverage (program/campaign) | Outcome | 38% | 45% | GHS–Relevant Programme Unit |
| Percentage of demand met | Outcome | – | 50% | GHS–PPMED / Programme Divisions |
| Adverse transfusion events | Outcome | – | 3 | NBSG / GHS–Quality Assurance |
| Service coverage percentages for vulnerable populations | Outcome | 38% | 42% | GHS–Health Promotion Division / Family Health Division |

| **Goal: Increased access to quality essential health care and population-based services for all by 2030** | | | | |
|---|---|---|---|---|
| **Objective: 1 - Universal access to better and efficiently managed quality healthcare services** | | | | |
| **Indicators** | **Indicator Type** | **Baseline 2025** | **Targets 2026** | **Responsibility** |
| Increase in use of locally manufactured vaccines | Outcome | – | 5% | MOH–Procurement Directorate / EPI |
| Outreach service coverage for marginalized/vulnerable groups | Outcome | 42% | 50% | GHS–Health Promotion Division / Family Health Division |

# ANNEXES

## Annex 1: 2026 Summary of Expenditure by Agencies, Economic Classification and Source of Funding

### 1.6. Appropriation Bill

Summary of Expenditure by Cost Center, Economic Item and Funding

**Entity:** 029 - Ministry of Health

**Year:** 2025 | **Currency:** Ghana Cedi (GHS)
**Full Year Budget**

| MDA | GoG | | | | IGF | | | | Donors | | | Grand Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Compensation of employees | Goods and Services | Capex | Total | Compensation of employees | Goods and Services | Capex | Total | Goods and Services | Capex | Total | |
| **029 - Ministry of Health** | **12,207,545,744** | **157,632,543** | **310,272,900** | **12,675,451,187** | **893,911,742** | **2,961,734,165** | **596,661,234** | **4,452,307,141** | **477,161,310** | **211,900,000** | **689,061,310** | **17,816,819,638** |
| **02901 - Health Headquarters** | **1,871,540,334** | **150,824,588** | **310,272,900** | **2,332,637,822** | **312,843,791** | **676,530,975** | **23,854,845** | **1,013,229,611** | **477,161,310** | **211,900,000** | **689,061,310** | **4,034,928,743** |
| **0290101 - Office of the Minister** | 1,060,629,437 | 38,478,209 | 303,456,439 | 1,402,564,085 | 310,214,359 | 643,203,052 | 22,101,891 | 975,519,302 | | 137,652,000 | 137,652,000 | 2,515,735,387 |
| **0290102 - Office of the Chief Director** | 30,357,477 | 98,746,379 | | 129,103,855 | | 20,180,765 | | 20,180,765 | 477,161,310 | 74,248,000 | 551,409,310 | 700,693,930 |
| **0290103 - Gen. Admin** | | 750,000 | | 750,000 | | | | | | | | 750,000 |
| **0290104 - Policy, Planning,** | | 6,800,000 | | 6,800,000 | | | | | | | | 6,800,000 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Monitoring & Evaluation** | | | | | | | | | | | | |
| **0290105 - Research, Statistics and Information Management** | | 750,000 | | 750,000 | | | | | | | | 750,000 |
| **0290106 - Human Resource Development** | 770,958,400 | 750,000 | | 771,708,400 | | | | | | | | 771,708,400 |
| **0290107 - Traditional and Alternative Medicine Directorate** | | 650,000 | | 650,000 | | | | | | | | 650,000 |
| **0290108 - Procurement and Supplies** | | 850,000 | | 850,000 | | | | | | | | 850,000 |
| **0290109 - Finance Division** | | 400,000 | | 400,000 | | | | | | | | 400,000 |
| **0290110 - Internal Audit** | | 500,000 | | 500,000 | | | | | | | | 500,000 |
| **0290111 - National Blood Service** | 9,595,021 | 300,000 | | 9,895,021 | 2,629,432 | 13,147,159 | 1,752,955 | 17,529,545 | | | | 27,424,566 |
| **0290112 - Infrastrucure Direcorate** | | 850,000 | 6,816,461 | 7,666,461 | | | | | | | | 7,666,461 |
| **0290113 - Technical Coordination** | | 1,000,000 | | 1,000,000 | | | | | | | | 1,000,000 |
| **02902 - Ghana Health Service (GHS)** | **5,536,594,901** | **2,000,000** | | **5,538,594,901** | **47,649,274** | **279,263,509** | **8,857,325** | **335,770,108** | | | | **5,874,365,009** |
| **0290201 - Headquarters** | 531,702,607 | 2,000,000 | | 533,702,607 | | | | | | | | **533,702,607** |
| **0290202 - Office of the Regional Director** | 112,401,802 | | | 112,401,802 | | 3,256,655 | | 3,256,655 | | | | **115,658,457** |
| **0290203 - Regional Support Services** | 958,827 | | | 958,827 | | | | | | | | **958,827** |
| **0290204 - Regional Hospitals** | 305,297,451 | | | 305,297,451 | 3,520,962 | 23,309,472 | 341,297 | 27,171,730 | | | | **332,469,181** |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0290207 - District Health Services** | 244,405,651 | | | 244,405,651 | 2,445,540 | 15,866,733 | | 18,312,273 | | | | **262,717,924** |
| **0290208 - District Hospitals** | 103,966,923 | | | 103,966,923 | 3,253,282 | 14,300,091 | 1,386,385 | 18,939,758 | | | | **122,906,681** |
| **0290209 - Sub-Districts** | 88,697,091 | | | 88,697,091 | 2,660,828 | 18,101,124 | | 20,761,953 | | | | **109,459,044** |
| **02908 - District Health Administration** | **944,639,454** | | | **944,639,454** | **4,840,558** | **28,809,293** | | **33,649,851** | | | | **978,289,305** |
| **02909 - District Hospitals** | **1,607,880,877** | | | **1,607,880,877** | **19,175,755** | **133,212,332** | **5,537,301** | **157,925,389** | | | | **1,765,806,266** |
| **02910 - Sub Districts-Polyclinics** | **221,035,731** | | | **221,035,731** | **3,876,119** | **20,216,509** | **1,178,074** | **25,270,702** | | | | **246,306,433** |
| **02911 - Sub Districts-Clinics** | **70,418,537** | | | **70,418,537** | **233,729** | **2,069,367** | | **2,303,096** | | | | **72,721,633** |
| **02912 - Sub Districts-Health Centres** | **989,886,360** | | | **989,886,360** | **7,539,651** | **19,401,840** | **414,268** | **27,355,759** | | | | **1,017,242,119** |
| **02913 - Sub Districts-CHIPS Compound** | **315,303,590** | | | **315,303,590** | **102,850** | **720,093** | | **822,942** | | | | **316,126,532** |
| **02903 - Psychiatry Hospitals (Tertiary Health Services)** | **109,343,144** | **1,992,643** | | **111,335,787** | **4,875,748** | **19,307,147** | **2,674,026** | **26,856,921** | | | | **138,192,707** |
| **0290301 - Accra Psychiatric Hospital** | 41,726,040 | | | 41,726,040 | 1,199,708 | 4,798,833 | 639,844 | 6,638,385 | | | | 48,364,426 |
| **0290302 - Pantang Hospital** | 45,082,150 | 1,016,539 | | 46,098,689 | 3,556,760 | 9,958,929 | 1,422,704 | 14,938,393 | | | | 61,037,082 |
| **0290303 - Ankaful Hospital** | 22,534,954 | 976,104 | | 23,511,058 | 119,279 | 4,549,385 | 611,478 | 5,280,142 | | | | 28,791,200 |
| **02904 - Christian Health Association of Ghana** | **2,296,688,693** | | | **2,296,688,693** | **169,200,772** | **629,338,988** | 109,003,498 | **907,543,258** | | | | **3,204,231,951** |
| **02905 - Regulatory Agencies** | **87,568,395** | **965,313** | | **88,533,708** | **104,973,105** | **240,038,649** | **105,253,838** | **450,265,592** | | | | **538,799,300** |
| **0290501 - Food and Drugs Authority** | 47,810,691 | | | 47,810,691 | 89,910,996 | 149,851,662 | 59,940,662 | 299,703,321 | | | | 347,514,012 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0290502 - Medical and Dental Council** | 2,762,542 | | | 2,762,542 | 2,454,617 | 17,182,320 | 4,909,234 | 24,546,171 | | | | 27,308,713 |
| **0290503 - Nurses and Midwives Council** | 10,111,126 | | | 10,111,126 | 5,003,436 | 39,312,715 | 27,161,512 | 71,477,663 | | | | 81,588,790 |
| **0290504 - Pharmacy Council** | 6,838,607 | | | 6,838,607 | 2,995,847 | 14,287,888 | 5,761,245 | 23,044,980 | | | | 29,883,586 |
| **0290505 - Traditional Medicine Practice Council** | 2,927,687 | | | 2,927,687 | 611,270 | 831,327 | 1,002,483 | 2,445,080 | | | | 5,372,767 |
| **0290507 - Allied Health Professions Council** | 2,910,992 | | | 2,910,992 | 2,318,942 | 11,082,694 | 4,246,707 | 17,648,343 | | | | 20,559,335 |
| **0290508 - Health Facility Regulatory Agency** | 8,951,164 | 400,000 | | 9,351,164 | 1,469,940 | 6,369,740 | 1,959,920 | 9,799,600 | | | | 19,150,764 |
| **0290509 - Psychology Council** | 1,288,210 | 565,313 | | 1,853,522 | 208,057 | 1,120,304 | 272,074 | 1,600,434 | | | | 3,453,956 |
| **0290511 - National Vaccine Institute** | 3,967,377 | | | 3,967,377 | | | | | | | | 3,967,377 |
| **02906 - Teaching Hospitals** | **1,667,271,873** | | | **1,667,271,873** | **156,043,713** | **643,706,868** | **116,954,138** | **916,704,719** | | | | **2,583,976,592** |
| **0290601 - Korle Bu Teaching Hospital** | 514,724,387 | | | 514,724,387 | 27,059,544 | 216,326,242 | 25,126,524 | 268,512,309 | | | | 783,236,696 |
| **0290602 - Komfo Anokye Teaching Hospital** | 346,527,575 | | | 346,527,575 | 31,567,303 | 122,661,519 | 32,469,226 | 186,698,048 | | | | 533,225,622 |
| **0290603 - Tamale Teaching Hospital** | 323,542,729 | | | 323,542,729 | 10,586,888 | 41,171,230 | 9,175,303 | 60,933,421 | | | | 384,476,150 |
| **0290604 - Cape Coast Teaching Hospital Parent** | 135,068,401 | | | 135,068,401 | 6,242,729 | 51,190,377 | 6,242,729 | 63,675,834 | | | | 198,744,235 |
| **0290606 - Teaching Hospitals -Ho Teaching Hospital** | 114,020,956 | | | 114,020,956 | 9,377,262 | 35,008,444 | 7,501,810 | 51,887,517 | | | | 165,908,472 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0290609 - University of Ghana Medical Centre** | 145,923,277 | | | 145,923,277 | 61,313,312 | 142,042,507 | 31,678,545 | 235,034,364 | | | | 380,957,642 |
| **0290610 - Sunyani Teaching Hospital** | 87,464,548 | | | 87,464,548 | 9,896,676 | 35,306,549 | 4,760,001 | 49,963,227 | | | | 137,427,774 |
| **02907 - Training Institutions** | **274,840,564** | | | **274,840,564** | **85,993,770** | **361,902,247** | **207,735,813** | **655,631,831** | | | | **930,472,395** |
| **02914 - Ahmadiyya Muslim Health Service-Ghana Parent** | **58,386,438** | | | **58,386,438** | **598,548** | **17,004,571** | **3,306,444** | **20,909,564** | | | | **79,296,002** |
| **02950 - Subvented Organisations Parent** | **305,311,402** | **1,850,000** | | **307,161,402** | **11,733,020** | **94,641,211** | **19,021,307** | **125,395,538** | | | | **432,556,940** |
| **0295001 - Centre for Scientific Research into Plant Medicine** | 29,357,250 | | | 29,357,250 | 6,666,991 | 61,945,525 | 5,811,725 | 74,424,241 | | | | 103,781,490 |
| **0295002 - National Ambulance Service** | 254,365,916 | 1,000,000 | | 255,365,916 | | | | | | | | 255,365,916 |
| **0295006 - St. Johns Ambulance Brigade** | 2,191,961 | 200,000 | | 2,391,961 | 49,860 | 337,400 | 33,240 | 420,501 | | | | 2,812,462 |
| **0295008 - Ghana College of Physicians and Surgeons** | 2,059,079 | | | 2,059,079 | 2,226,511 | 19,171,246 | 9,065,014 | 30,462,770 | | | | 32,521,850 |
| **0295009 - College of Pharmacist** | 858,137 | | | 858,137 | 900,000 | 1,801,750 | 942,093 | 3,643,843 | | | | 4,501,980 |
| **0295010 - Mortuaries and Funeral Facilities Agency** | 1,261,431 | 200,000 | | 1,461,431 | 353,040 | 628,964 | 96,000 | 1,078,004 | | | | 2,539,435 |
| **0295011 - Mental Health Authority** | 10,363,946 | 450,000 | | 10,813,946 | | | | | | | | 10,813,946 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0295013 - College of Nurses and Midwives** | 4,853,681 | | | 4,853,681 | 1,536,618 | 10,756,325 | 3,073,236 | 15,366,180 | | | | 20,219,861 |

GIFMIS Budget Module

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**Annex 2 Capital Investment Plan**

2026 GoG Funds for Capex

| # | Code | Project | % Work Done | Total Contract Sum | Actual Payment | Outstanding Balance | 2026. |
|---|---|---|---|---|---|---|---|
| **MOH and Agencies Projects** | | | | | | | |
| 1 | 0520123 | Const of 26No CHPS Compounds at selected Locations in Ghana_2019 | 88% | 47,505,452.55 | 29,622,523.75 | 17,882,928.80 | 4,470,732.20 |
| 2 | 0520122 | Const of 15No CHPS Compounds at selected Locations in Ghana_2018 | 100% | 12,834,168.72 | 11,841,814.36 | 992,354.36 | 248,088.59 |
| 3 | 0523001 | Construction of 6No. CHPS Compound at selected location for MoH 2023 | 40% | 13,037,068.50 | 2,381,826.76 | 10,655,241.74 | 5,327,620.87 |
| 4 | 0522001 | Construction of 7No. CHPS Compound at selected location for MoH 2022 | 60% | 20,779,110.24 | 6,227,846.11 | 14,551,264.13 | 3,637,816.03 |
| 5 | 0519075 | Construction of Health Centre at Mempeasem in the Greater Accra Region | 88% | 4,885,601.89 | 3,997,619.25 | 887,982.64 | 443,991.32 |
| 6 | 0719024 | Completion of Hostel block and External Works at Cape Coast NTC | 55% | 3,356,097.62 | 1,578,272.61 | 1,777,825.01 | 444,456.25 |
| 7 | 0719025 | Rehab of Diabetes Management, Research and Training Centre at KBTH | 100% | 1,779,105.37 | 1,704,942.20 | 74,163.17 | 74,163.17 |
| 8 | 0520121 | Renovation of Korle Bu Ministry of Health (MOH) SSNIT Flat Staff Accommodation_7B and 9B | 69% | 7,462,915.85 | 2,326,645.79 | 5,136,270.06 | 1,284,067.52 |

| # | Code | Project | % Work Done | Total Contract Sum | Actual Payment | Outstanding Balance | 2026. |
|---|---|---|---|---|---|---|---|
| 9 | 0523001 | Sply & Instln of Equip for retooling of the health sector | | | - | - | 40,315,920.04 |
| 10 | 0720016 | Dzn, Const & Eqpn of Treatm't & Holdn Centre in T'di | 76% | 17,546,168.42 | 13,268,252.42 | 4,277,916.00 | 1,069,479.00 |
| 11 | 0720016 | Dzn, Const & Eqpn of Treatm't & Holdn Centre in Nalerigu | 10% | 15,000,000.00 | | 15,000,000.00 | 2,250,000.00 |
| 12 | 0720016 | Dzn, Const & Eqpn of Treatm't & Holdn Centre in Sunyani | 50% | 29,571,269.69 | 15,782,514.35 | 13,788,755.34 | 3,447,188.84 |
| 13 | 1623035 | Renovation of Korle-bu GHS SSNIT Flat Staff Accommodation | 98% | 1,589,583.90 | 778,670.11 | 810,913.79 | 731,434.60 |
| 14 | 0520121 | Const & Eqpn of CHPS Cmpnds/Health Centrs at Slctd Lctns in Ghana_2012 | 64% | 15,236,411.73 | 2,557,797.51 | 12,678,614.22 | 11,916,793.63 |
| 15 | | Upgrading Of Dodowa Health Post To District Hospital | 100% | 311,883.78 | 37,770.07 | 274,113.71 | |
| 16 | 0520102 | Re-Construction of La General hospital/consultancy | 32% | 614,901,760.00 | 194,800,994.90 | 420,100,765.10 | **60,000,000.00** |
| 17 | 2823002 | Supply of Vehicles, motor bikes & Office Furniture and Computers for MOH and GHS HQ | | - | - | - | 8,258,519.52 |
| 18 | 1424008 | Implementation of Equipment assest management system project | 0% | 30,264,000.00 | - | 30,264,000.00 | 7,566,000.00 |
| 19 | 0724014 | Construction of Nursing Training College at Juaboso | 0% | 74,000,000.00 | - | - | **40,000,000.00** |

| # | Code | Project | % Work Done | Total Contract Sum | Actual Payment | Outstanding Balance | 2026. |
|---|---|---|---|---|---|---|---|
| 20 | 0524037 | construction of 12 CHPS compounds at selected locations in Ghana_2026 | 0% | - | - | - | 12,000,000.00 |
| 21 | 0324007 | Rehabilitation of Juaboso Hospital | 0% | 200,000,000.00 | - | - | **20,000,000.00** |
| 22 | 0324008 | Psychiatric Hospital Projects | | | | | **50,000,000.00** |
| 23 | 0324009 | Agenda 111 Projects | | | | | **100,000,000.00** |
| 24 | 124010 | Renovation of MOH HQ Offices | | | | | 1,000,000.00 |
| 25 | 0119011 | E-Health | | | | | **55,000,000.00** |
| **HEALTH INFRASTRUCTURE** | | | | | | | |
| 26 | 0724015 | Construction of Savanna Regional Hospitals | | | | | **185,000,000.00** |
| 27 | 0724016 | Construction of Western North Regional Hospitals | | | | | **185,000,000.00** |
| 28 | 0724017 | Construction of Oti Regional Hospitals | | | | | **185,000,000.00** |
| 32 | 0424018 | Construction of Specialist Hospital at Ajumako Bisease | | | | | 10,000,000.00 |
| 33 | 0624011 | Construction of Bole District Hospital | | | | | 10,000,000.00 |
| 35 | 0624012 | Construction of District Hospital in Bawku | | | | | 10,000,000.00 |

| # | Code | Project | % Work Done | Total Contract Sum | Actual Payment | Outstanding Balance | 2026. |
|---|---|---|---|---|---|---|---|
| 37 | 0624013 | 500 Bed Paediatric Hospital in Greater Accra | | | | | 10,000,000.00 |
| 38 | 5180002 | Completion of Akatsi District Hospital | | | | | 8,000,000.00 |
| **PRIORITY PROJECTS** | | | | | | | |
| 39 | 0720001 | Completion and equipping of KATH Maternity and Children's Block | | | | | 10,000,000.00 |
| 40 | 0720014 | Rehabilitation of Effia Nkwanta hospital and construction of the Western Regional Hospital at Apemanim | | | | | 10,000,000.00 |
| 41 | 1420003 | Construction of Central Medical Stores | | | | | 10,000,000.00 |
| 42 | 0619001 | 8 Hospitals Project by Euroget | | | | | 17,786,628.43 |
| 43 | 0720013 | Completion of the New 400-Bed Maternity Block at Korle Bu | | | | | 10,000,000.00 |
| | | **Total** | | | | | **1,090,272,900.00** |

**Annex 3: 2026 Budget**

**Annex 3a 2026 Approved Budget by Source of Funding**

| SOURCES OF FUNDS | COMPENSATION OF EMPLOYEES | GOODS & SERVICES | CAPEX | TOTALS |
|---|---|---|---|---|
| **GOG** | **15,015,241,123** | **177,632,543** | **1,090,272,900** | **16,283,146,566** |
| *O/w Headquarters & Agencies* | *14,541,241,123* | *52,671,527* | *30,272,900* | ***14,624,185,550*** |
| *Nursing Trainee Allowances* | *474,000,000* | | | ***474,000,000*** |
| *Mental Health* | | *3,145,703* | | ***3,145,703*** |
| *Psychiatric Hospitals* | | *20,000,000* | *50,000,000* | ***70,000,000*** |
| *Ghana Psychology Council* | | *565,313* | | ***565,313*** |
| *Health Infrastructure* | | | *200,000,000* | ***200,000,000*** |
| *Continuation of Agenda 111 Project* | | | *100,000,000* | ***100,000,000*** |
| *E-Health Projects* | | *1,250,000* | *10,000,000* | ***11,250,000*** |
| *Global Fund* | | *100,000,000* | | ***100,000,000*** |
| *La General Hospital* | | | *60,000,000* | ***60,000,000*** |
| *Construction of two (2) Nursing Training Colleges* | | | *40,000,000* | ***40,000,000*** |
| *o/w Three (3) New Regional Hospitals for Newly Created Regions* | | | **600,000,000** | ***600,000,000*** |
| **IGF** | **1,232,611,041** | **4,030,174,917** | **747,077,962** | ***6,009,863,920*** |

| SOURCES OF FUNDS | COMPENSATION OF EMPLOYEES | GOODS & SERVICES | CAPEX | TOTALS |
|---|---|---|---|---|
| **DONOR (LOANS)** | | **51,005,902** | **205,727,448** | ***256,733,350*** |
| **DONOR (GRANTS)** | | **255,157,220** | | ***255,157,220*** |
| **TOTALS** | **16,247,852,164** | **4,513,970,582** | **2,043,078,310** | **22,804,901,056** |

## Annex 4: Quarterly and Annual Budget Performance Reporting Template

### PART A: Executive Summary

*(Summary of the entire report indicating key achievements, challenges etc. This section should not be more than five (5) pages)*

Summary on Status of implementation of:

- Financial performance
- Key policy outcome indicators and targets
- Programme and projects
- Expenditure by economic classification
- Challenges and recommendations

**PART C: Covered Entity's Budget Performance**

**Non-Financial Performance**

**Table 1: Monitoring and Evaluation Matrix for Programme Based Budget**

**Budget Programme 1 Title: ---------------------------------------------------------------------------**

| Sub-Programme | Type of Indicator | Description of Indicator | Unit of Measure of Indicator | Baseline | Year------------------------ | | | Remarks |
|---|---|---|---|---|---|---|---|---|
| | | | | | Target | Actual | Variance | |
| **National Objective:** | | | | | | | | |
| **Programme 1 Objective:** | | | | | | | | |
| **Sub Programme 1.1 Objective:** | | | | | | | | |
| | **Outcome 1:** | | | | | | | |
| | Output 1 | | | | | | | |
| | Output 2 | | | | | | | |
| | Output 3 | | | | | | | |
| | Output 4 | | | | | | | |
| **Sub programme 1.2 Objective:** | | | | | | | | |
| | **Outcome 2:** | | | | | | | |
| | Output 1 | | | | | | | |
| | Output 2 | | | | | | | |
| | Output 3 | | | | | | | |
| | Output 4 | | | | | | | |
| etc. | | | | | | | | |
| **Budget Programme 2 Title……………………………** | | | | | | | | |
| **National Objective:** | | | | | | | | |
| **Programme objective:** | | | | | | | | |
| **Sub-Programme 2.1:** | | | | | | | | |
| | **Outcome 1:** | | | | | | | |
| | Output 1 | | | | | | | |
| | Output 2 | | | | | | | |
| | Output 3 | | | | | | | |
| *Add on based on the number of sub programmes of your covered entity. | | | | | | | | |

**Table 2: Details of Government Flagship and other Projects and Programmes Implemented in 2026**

| Sn. | Programme /Project name | Economic Rationale | Expected Output | Status |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |

**Financial Performance**

**Table 3: Summary of Expenditure by Programmes (in GH¢m)**

| Sn. | Budget Programme/ Sub-Programme Name | Approved Budget /Appropriation (2022) | | | | | *2022 Amount Released | | | | **Actual Expenditure for 2022 | | | | | Actual Payments for 2022 | | | | ***Projections (2023) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | GOG | ABFA | IGF | DP Funds | Total | GOG | ABFA | Total | GOG | ABFA | IGF | DP Funds | Total | GOG | ABFA | IGF | DP Funds | |
| P1 | | | | | | | | | | | | | | | | | | | | |
| SP1.1 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SP1.2 | | | | | | | | | | | | | | | | | | | | |
| etc. | | | | | | | | | | | | | | | | | | | | |
| **P2** | **Total Programme 1** | G | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | |
| SP2.1 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SP2.2 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| SP2.3 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| etc. | **Total Programme 2** | | | | | | | | | | | | | | | | | | | |

****as per releases on GIFMIS***

****Actual expenditure is liabilities incurred plus payment made. *** Your anticipated expenditure at the end of year …….***

**Table 4: Summary of Expenditure by Economic Classification**

| Expenditure Item | 2022 Approved Budget /Appropriation | 2022 Amount Released | Actual Expenditure for the 2022 | Actual Payments for the 2022 | Projections for 2023 |
|---|---|---|---|---|---|
| Wages and Salaries | | | | | |
| *o/w GoG* | | | | | |
| *IGF* | | | | | |
| Use of Goods and Services | | | | | |
| *o/w GoG* | | | | | |
| *ABFA* | | | | | |
| *IGF* | | | | | |
| *DP Funds* | | | | | |
| Capital Expenditure | | | | | |
| *o/w GoG* | | | | | |
| *ABFA* | | | | | |
| *IGF* | | | | | |
| *DP Funds* | | | | | |
| Total | | | | | |

**Table 5: Additional Funds received during the year (Reallocations)**

| Expenditure Item | Amount Reallocated | Amount Released | Actual Expenditure | Actual Payments |
|---|---|---|---|---|
| Wages and Salaries | | | | |
| *o/w GoG* | | | | |
| Use of Goods and Services | | | | |
| *o/w GoG* | | | | |
| *ABFA* | | | | |
| Capital Expenditure | | | | |
| *o/w GoG* | | | | |
| *ABFA* | | | | |
| Total | | | | |

**Table 6: Summary of IGF Performance by Revenue Categories**

| Revenue Categories | Projections/ Budget | Actual Collection For 2022 | Payment into Consolidated Fund For 2022 | Retentions For 2022 | Remarks |
|---|---|---|---|---|---|
| **A** | **B** | **C=D+E** | **D=C-E** | **E=C-D** | |
| Fees/Charges | | | | | |
| Sale Of Goods and Services | | | | | |
| Fines/Forfeitures | | | | | |
| Licenses | | | | | |
| Interests | | | | | |
| **Total** | | | | | |

**Table 7: Covered Entity's Cash Position as at …………………**

| Account Name(s) | Balance As At ………… |
|---|---|
| **GoG Sub CF** | |
| **Internally Generated Fund (IGF)** | |
| **Donor** | |
| ***Other Accounts** | |
| **Total Cash Position** | |

***Please provide details and balances on other accounts not listed above in accordance with Section 30(3) of PFM Act.***

**PART D: Covered Entity's Staff Strength**

**Table 8: Established Post Category**

| Sn | Grade | Staff Strength target for 2022 | No. at post as at 31st December 2022 | Projections for 2023 | Projections for 2024 | Projections for 2025 |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |
| **Total** | | | | | | |

**Table 9: Non-Established Post Category**

| Sn. | Grade | Staff Strength target for 2022 | No. at post as at 31st December 2022 | Projections for 2023 | Projections for 2024 | Projections for 2025 |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| **Total** | | | | | | |

## PART G: Conclusion