

2022-2030

NATIONAL ESSENTIAL HEALTH SERVICES PACKAGE GHANA





ACKNOWLEDGMENTS

The Ministry of Health (MoH) acknowledges and appreciates the leadership roles played by the Minister for Health, Honourable Kwaku Agyeman-Manu (MP), the Chief Director, Mr. Kwabena Boadu Oku-Afari, and the Director of Policy, Planning, Monitoring and Evaluation, Dr. Emmanuel Ankrah Odame, in the development of this “Essential Health Services Package” (EHSP).

Special thanks go to the two Consultants, Dr. Ernest Cudjoe Opoku (lead consultant) of the USAID Health System Strengthening Accelerator Project, and Dr. Samuel Tetteh Kwashie (co-Consultant) of the World Health Organization, for providing technical expertise and guiding all the processes involved in the development of the EHSP.

The MoH acknowledges the contributions and oversight provided by the EHSP Steering Committee and the extensive technical inputs from the Technical Working Groups, Expert Working Groups and Reviewers. For successfully planning and coordinating all activities critical to the implementation of the development process of this EHSP, the MoH is grateful to the EHSP Task Team members: Dr. Maureen Martey (the EHSP Coordinator), Mr. Benjamin Nyakutsey, Ms. Rachael Maglo, Mr. Nicholas Nyagblornu, Ms. Thelma Jakalia, Mr. Ibrahim Abdul Mumin - all of the MoH, Dr. Linda Vanotoo and Mrs. Elizabeth Hammah of the USAID HSSA Project, Dr. Sofonias Asrat of WHO and Dr. Priscilla Wobil of UNICEF.

The immense technical and financial support provided by our Development Partners, especially USAID, WHO, UNICEF and The World Bank Group, towards the development of the EHSP is highly appreciated and acknowledged. The Ministry of Health further recognizes and applauds the wide-ranging technical expertise and assistance provided by Dr. Sofonias Asrat of WHO, Drs. Peter Baffoe and Priscilla Wobil of UNICEF, and Mrs. Elizabeth Hammah of the USAID HSSA Project.

Finally, the MoH is grateful to all persons who contributed, in diverse ways to the development of this document.

FOREWORD

Following the launch of Ghana's revised National Health Policy and Ghana's Universal Health Coverage (UHC) Roadmap 2020-2030, the Ministry of Health (MoH) had to take the next critical step of developing the Essential Health Services Package (EHSP) - a key component of the Universal Health Coverage. This EHSP is a crucial tool that elaborates priority, well-known, cost-effective and high-impact essential health services and interventions which are to be made universally accessible to all persons living in Ghana by 2030. Ghana's EHSP was developed through broad-based dialogue, stakeholders' consultations, consensus-building processes and evidence-informed prioritization of services and interventions. The implementation of the EHSP will help address critical gaps in quality healthcare and equity across the country.

The MoH recognizes that adequate allocation of financial and other resources by the Government of Ghana and its partners is crucial and necessary for effective, progressive implementation of the EHSP and realization of desired results. A strong investment case will, therefore, be made for the EHSP. Other relevant EHSP-related issues: human resource-for-health, leadership and governance, costing, health infrastructure (including equipment), essential medicines and vaccines, health information, health technology, et cetera, are being addressed separately.

It is the expectation of the Ministry of Health that all stakeholders and partners will align their programmes with the EHSP and will actively contribute to its effective implementation to facilitate the attainment of UHC by 2030.




HON. KWAKU AGYEMAN-MANU
Minister for Health

August 2022

LIST OF ACRONYMS

CHPS	Community-based Health Planning and Services
CPAP	Continuous Positive Airway Pressure
EHSP	Essential Health Services Package
EPI	Expanded Programme on Immunization
GHS	Ghana Health Service
GMHS	Ghana Maternal Health Survey
GSS	Ghana Statistical Service
G6PD	Glucose-6-Phosphate Dehydrogenase
HSMTDP	Health Sector Medium-Term Development Plan
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPTp	Intermittent Preventive Treatment in Pregnancy
JICA	Japan International Cooperation Agency
KOICA	Korean International Cooperation Agency
MoH	Ministry of Health
NCDs	Non-Communicable Diseases
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
OPD	Out-Patient Department
ORS	Oral Rehydration Solution
PHC	Primary Health Care
PPH	Postpartum Haemorrhage
PPMED	Policy, Planning, Monitoring, and Evaluation Directorate
PMTCT	Prevention of mother-to-child transmission
SDGs	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	4
FOREWORD.....	5
LIST OF ACRONYMS.....	6
LIST OF TABLES.....	8
CHAPTER 1 INTRODUCTION.....	9
Brief Background & Context.....	9
Definition & focus of Ghana’s national EHSP.....	10
Purpose and Objectives of Ghana’s National EHSP.....	10
Health Status Situation analysis of Ghana.....	11
Organization of Ghana’s Health System.....	15
Ghana’s Health Sector Priorities.....	17
CHAPTER 2 METHODOLOGY.....	18
Developing Ghana’s national Essential Health Services Package.....	18
CHAPTER 3 FAMILY AND REPRODUCTIVE HEALTH SERVICES.....	21
Maternal & NewBorn Health.....	21
Family Planning Services.....	30
Child Health & Nutrition Services & Interventions.....	31
Adolescent Health Services & Interventions.....	38
Other Services & Interventions for Women & Men’s Health.....	42
Services & Interventions for the Aged.....	48
CHAPTER 4 COMMUNICABLE DISEASES & RISK FACTORS.....	51
CHAPTER 5 NON-COMMUNICABLE DISEASES & MENTAL HEALTH CONDITIONS.....	57
CHAPTER 6 PREVENTION & MANAGEMENT OF PUBLIC HEALTH EMERGENCIES.....	66
CHAPTER 7 MEDICAL & SURGICAL EMERGENCIES.....	69
CHAPTER 8 REHABILITATION, PALLIATION, AND QUALITY ASSURANCE.....	78
BIBLIOGRAPHY.....	87
APPENDICES.....	90

LIST OF TABLES

Table	Title
1	Leading causes of deaths and burden of disease at all ages in Ghana, 2013
2	Services and interventions to strengthen maternal, newborn, and child health
3	Services and interventions for family planning
4a	Routine immunization and vitamin A supplementation services under Ghana's EPI programme
4b	Nutrition and other child health services and interventions
5	Services and interventions for strengthening adolescent health
6	Services and interventions for women and men's health
7	Services and interventions for the aged
8	Services and interventions for prevention, control, and management of communicable diseases and risk factors
9a	Services and interventions for prevention and management of non-communicable diseases and risk factors
9b	Services and interventions for prevention and management of mental ill-health conditions and risk factors
10	Services and interventions for prevention and management of public health emergencies
11a	Medical emergencies
11b	Surgical emergencies
12a	Services and interventions for rehabilitative and disability care
12b	Services and interventions for palliative care and pain management
12c	Quality assurance/improvement services and interventions

1.1 Brief Background & Context

The Government of Ghana, in December 2019, launched Ghana's roadmap for attaining Universal Health Coverage (UHC) by 2030. The UHC Roadmap aims to increase access to quality essential health care and population-based services for all persons living in Ghana by 2030, through three objectives: (a) To ensure universal access to better and efficiently managed quality essential health services; (b) to reduce avoidable maternal, adolescent and child deaths and disabilities; and (c) to increase access to responsive clinical and public health emergency services.¹

The national Essential Health Services Package (EHSP), comprising selected priority services and interventions elaborated in line with the UHC Roadmap, is meant to enable the attainment of UHC in Ghana by 2030. With a strong focus on primary level care, which is critical for UHC, Ghana's EHSP is in alignment and harmony with Ghana's 2020 National Health Policy,² the UHC Roadmap, and the WHO guidelines for deriving an essential package of health services in the African Region³. As a pragmatic effectiveness framework, the EHSP implementation will contribute to the realization of the goal of the National Health Policy "to promote, restore and maintain good health for all people living in Ghana". Its implementation will also contribute immensely to addressing some of the healthcare inequities occasioned by national demographics, geographical distribution, socio-economic status of the population, and the uneven burden of diseases and risk factors, across the country.²

The development of the Essential Health Services Package was initiated and coordinated by the Ministry of Health (MoH). The development process involved technical guidance from experienced health professionals, broad-based consultations and consensus building with various stakeholders, including the public sector, civil society, private sector, and development partners.

1.2 Definition & Focus of Ghana's National EHSP

The national EHSP consists of an integrated collection of cost-effective interventions and services which are meant to help address the major diseases causing morbidities, mortalities, and disabilities, and their associated risk factors, while reflecting the promotive, preventive, curative, palliative, and rehabilitative dimensions of PHC. The Government of Ghana is committed to making the EHSP accessible to the entire population of the country, albeit progressively by 2030. The services will be provided through public, private, or a combination of public and private health sector agencies and facilities^{1,2}. The EHSP will guide the allocation of resources in the health sector based on disease burden and other priority needs, including those elaborated in the National Health Policy and the UHC Roadmap^{1,2,3}.

1.3 Purpose and Objectives of Ghana's National EHSP

The purpose of this national EHSP is to elaborate the set of priority essential services and interventions to be made universally accessible to all persons living in Ghana by 2030. It is meant to help address critical gaps in healthcare equity across the country.

The main objectives of the national EHSP are:

- I) To provide a framework for all individuals and communities to have equitable access to quality essential health services without suffering financial hardships.
- II) To assist the Government of Ghana and its Development Partners (DPs) to derive, to the extent possible, the best value-for-money by allocating resources based upon; a) the most pressing needs (diseases with high morbidity, disability and mortality or with a potential to do so), and b) cost-effectiveness.

1.4 Health Status Situation Analysis of Ghana

Ghana is a relatively stable, democratic, resource-rich country with a population of 30.8 million (50.7% females and 49.3% males)⁴. The Republic of Ghana, having attained lower middle-income country status in 2011, experienced a gross domestic product (GDP) growth rate of 7.5 percent in 2019 and an average of 6.6 percent from 2000 to 2019. However, with the outbreak of COVID-19, Ghana has begun to experience a tightening of credit, weaker growth, and reduced government revenue to fund education, health, and gender objectives^{5,6}.

Ghana's health sector is financed from four main sources: central funding by the Government of Ghana, internally generated funds (IGF) from health facilities, the National Health Insurance Fund (NHIF), and external financing from Development Partners, yet the health sector share to the total government budget for years 2015, 2016 and 2017 were only 7.0%, 6.8% and 6.5% respectively; significantly lower than the Abuja target of 15% of gross domestic product (GDP)⁷. Despite this large health financing gap, Ghana's decentralized health system which has been built on primary health care (PHC) as the cornerstone at the district level, has performed relatively well with Community-based Health Planning and Services (CHPS) impacting positively on access to basic health care services. The number of functional CHPS zones increased significantly from 2,315 in 2013 to 4,185 in 2017 and 6,332 in September 2021. Similarly, the implementation of Ghana's human resources for health policies over recent years have resulted in improvements in the number of human resources in the health sector, yet there is an inequitable distribution of critical health personnel across the country^{6,7}.

Structural issues, weak referral linkages, and poor gatekeeper systems implementation have however adversely affected the effective and efficient delivery of quality PHC services at the district, sub-district, and community levels. Consequently, approximately 50% of health facilities suffer from a lack of appropriate basic infrastructure (including equipment) and over 64% of the population make out-of-pocket payments for health services⁸.

According to the Ghana Maternal Health Survey 2017 report⁹, Ghana achieved relatively good antenatal care (ANC) coverage with 89% of women attending four or more ANC visits during pregnancy, and 79% of pregnant women delivering in health facilities. However, the maternal mortality ratio had only reduced from 484 per 100,000 live

births in the year 2000 to 308 per 100,000 in 2017, while the unmet need for modern contraceptive methods was as high as 32.9%. As healthcare during pregnancy and delivery are not fully delivered based on the recommended standards¹⁰, the major causes and risk factors for maternal morbidity and mortality (haemorrhage, hypertensive diseases of pregnancy, obstructed labour, sepsis and unsafe abortions, etc.) have remained relevant even in 2021. These causes and risk factors have to be systematically and methodically tackled if Ghana is to realize its SDG target of reducing maternal mortality from 308 per 100,000 in 2017 to 70 per 100,000 live births by 2030^{1,9}.

In Ghana, for every 1,000 children born alive, 52 die between birth and their fifth birthday, 37 do not make it before reaching their first birthday, and 25 die between birth and 28 days⁹. The major causes of newborn deaths in Ghana are intrapartum complications including birth asphyxia, infections, and prematurity¹¹. This suggests that considerable investment is required to safeguard and protect sick newborns and young infants^{11,13,14}, if the neonatal mortality target of 12 per 100,000 live births is to be achieved by 2030¹¹. Meanwhile, the Ghana Micronutrient Survey in 2017 found that 36 percent of children under the age of five years were moderately anaemic, rising up to 40 percent in the northern regions¹⁵. An effective and innovative approach to implementing the MoH/GHS Child Health Standards and Strategy (2017-2025) would be necessary to reduce under-five morbidity and mortality, going forward¹².

According to the Ministry of Health's Ghana Burden of Disease Study¹⁶ (2016), communicable diseases, neonatal ill-health conditions, and non-communicable diseases continue to exact a high death and disability-adjusted life years (DALYs) burden on the population of Ghana with malaria, lower respiratory infections and HIV/AIDS in the top three positions (see Table 1).

Table 1: Leading causes of deaths and burden of disease at all ages in Ghana, 2013.

Rank	Persons	% Total DALYs
1	Malaria	10.9
2	Lower respiratory infections	7.2
3	HIV/AIDS	6.9
4	Neonatal sepsis and other neonatal conditions	5.2
5	Preterm birth complications	4.9
6	Protein-energy malnutrition	4.5
7	Neonatal encephalopathy due to birth asphyxia and trauma	3.9
8	Cerebrovascular disease	3.3
9	Haemoglobinopathies and haemolytic anaemias	3.2
10	Congenital anomalies	2.9
11	Road injuries	2.9
12	Diarrhoeal diseases	2.6
13	Meningitis	2.3
14	Iron-deficiency anaemia	2.3
15	Ischaemic heart disease	2.2
16	Depressive disorders	1.7
17	Low back and neck pain	1.4
18	Tuberculosis	1.4
19	Diabetes mellitus	1.4
20	Other neonatal disorders	1.2

The National Malaria Control Programme (NMCP) of the Ghana Health Service has reported that malaria remains the top cause of morbidity in Ghana and accounted for about 34% of outpatient department (OPD) attendance in health facilities in 2019, with 12,125,118 confirmed malaria cases (by microscopy and rapid diagnostic tests (RDTs)), or 193 cases per 1000 population¹⁷. The NMCP further reported that while ownership of Long-lasting Insecticide Treated Nets (LLIN) was 73.7% in 2019, the proportion of children under the age of five who slept under an insecticide-treated bed net (ITN) was 54%¹⁸.

The Ghana AIDS Commission (2019) estimated Ghana's adult HIV prevalence at 1.70%, HIV incidence of 0.11%, and 13,616 HIV deaths, with 342,307 people living with HIV (PLHIV), including 16,317 new HIV infections. While antiretroviral therapy (ART) coverage was 46.55% (Need for ART: 316,352), prevention of mother-to-child transmission (PMTCT) coverage was 74.92% (Need for PMTCT 15,599)¹⁹.

According to the National Tuberculosis Programme (NTP), the TB incidence rate in Ghana was 148 per 100,000 population in 2018, while the proportion of bacteriologically confirmed pulmonary TB cases was 66%. The treatment success for all forms of incident TB was 85% while the TB mortality rate was 52 deaths per 100,000 population in 2018²⁰.

Non-communicable diseases (NCDs) have become a major public health concern in Ghana, while mental health services are grossly weak². The major modifiable risk factors for NCDs such as physical inactivity, unhealthy diet, tobacco use, air pollution, and the harmful use of alcohol, are now rife among Ghanaians as in other advanced economies^{20,21}. Some of the NCDs contributing significantly to morbidity and mortality in Ghana are cardiovascular diseases and strokes, hypertension, diabetes mellitus, cancers, asthma, road injuries/accidents and sickle cell disease^{1,2,16}.

A 2016 multi-centre cross-sectional study conducted by Agyeman and colleagues²² among 5659 Ghanaian adults aged 25–70 years residing in rural and urban Ghana found that the prevalence of obesity among men living in rural areas was 1.3 % compared to 6.9% among men living in urban areas. The prevalence of obesity among women in rural areas was 8.3% compared to 33.9% among women in urban areas. The prevalence of Type II diabetes was 3.6% and 5.5% in rural Ghanaian men and women respectively, but in urban areas, diabetes prevalence was 10.3% in men and 9.2% in women.

The prevalence of hypertension among adults ranged from 19.3% in rural to 54.6% in urban areas in Ghana. A population-based cancer register study in Ghana by Laryea and colleagues²³ found that the commonest cancers among males were cancers of the liver (21.1%), prostate (13.2%), lung (5.3%), and stomach (5.3%). Among females, the commonest cancers were cancers of the breast (33.9%), cervix (29.4%),

ovary (11.3%), and endometrium (4.5%). Road traffic accidents have become a major cause of injuries and deaths in Ghana. In 2020, for instance, a total of 1,115 casualties from road crashes were recorded in Ghana²⁴. The high prevalence of mental health challenges in Ghana and numerous reports of suicides require increased allocation of resources and a comprehensive whole-of-society approach to dealing with mental health and risk factors for mental ill-health and suicides²⁵.

Ghana is vulnerable to epidemics as well as hazards and events of public health concern, including chemical exposures and weather-related phenomena such as floods. The country contends with annual outbreaks of cerebrospinal meningitis, predominantly in the northern half of the country, between January and April leading to many deaths⁸. Ghana is presently battling with the COVID-19 pandemic and currently implements a national response strategic plan²⁶. Nonetheless, 128,026 confirmed cases of COVID-19 with 1,157 deaths were recorded by the end of September 2021²⁷.

Strengthening primary level health care delivery²⁸ and implementing evidence-based high-impact, cost-effective interventions in Ghana,²⁹ while improving health financing mechanisms, including effective management of the National Health Insurance Scheme and increasing membership enrolment, which stood at over 12 million (consisting of 58.6% females and 41.4% males) hold a potential towards UHC by 2030.³⁰

1.5 Organization of Ghana's Health System

The Health sector in Ghana is pluralistic and consists of public, private, and quasi-governmental components. The public sector is led by the Ministry of Health (MoH) while services and interventions are delivered to the population by its agencies including the Ghana Health Service (GHS) and the Teaching Hospitals.

The private sector is made up of faith-based and private-self-financing health institutions, approved and regulated by the Ministry of Health. Health service delivery in Ghana is organized along community, sub-district, district, regional and national levels as shown in Figure 1, with leadership and governance structures such as the District Health Directorates and Regional Health Directorates in place to coordinate, plan, implement, monitor, and supervise responsive, decentralized, people-centered healthcare services.

Figure 1: Structure of Ghana's health sector and administrative map



Adapted from NMCP/GHS Malaria Strategic Plan 2021-2025

The primary level of care consists of CHPS zones, health centres, and primary hospitals (including the district hospitals). The secondary level of care consists of secondary hospitals (including the regional hospitals) which provide specialized services and receive referrals from the primary level. At the tertiary level of care are the Teaching Hospitals which provide highly specialized healthcare services and receive referrals from the secondary level, and sometimes the primary level hospitals.

A quaternary level of care e.g. The National Cardiothoracic Centre, the National Plastic Surgery and Reconstruction Centre, the University of Ghana Medical Centre, et cetera are becoming increasingly relevant in providing crucial, highly tailored interventions, services, and research in Ghana. The pragmatic approach to health services delivery in Ghana is complemented with referral and gate-keeper systems, quality assurance and accountability systems, and a health financing mechanism (the National Health Insurance Scheme), albeit with challenges.

Ghana's health sector also enjoys partnerships and support from multilateral and bilateral institutions including the United Nations agencies, The World Bank Group, the USAID, JICA, KOICA, et cetera. Several local and international non-governmental organizations and civil society organizations operate in the health sector and contribute to health service delivery in the country.

1.6 Ghana's Health Sector Priorities

Ghana's National Health Policy and UHC Roadmap have set the policy direction for the health sector. The Ministry of Health has, therefore, focused its attention on achieving a strengthened, resilient health system, re-invigorating primary level healthcare to address population health needs as well as comprehensive, well-thought-out health emergency preparedness and response systems to safeguard and protect the health and well-being of people living in Ghana. Reducing out-of-pocket payment at the point of access to health services is also a priority for the country. The MoH is poised to deploy the EHSP as an enabler for the attainment of UHC in the country by 2030. The EHSP highlights lists of services and interventions in the core domains of (1) Family and Reproductive Health; (2) Prevention, control, and management of priority communicable diseases; (3) Prevention and management of the major non-communicable diseases and their risk factors, as well as mental health; and (4) Prevention and management of clinical and public health emergencies. Additional provisions have also been made for rehabilitative and palliative care, as well as for quality assurance.

It is significant to note that other important related areas necessary for a successful implementation of the EHSP and attainment of UHC such as leadership and governance, human resources for health, health financing, health infrastructure, monitoring and evaluation, essential medicines, vaccines and supplies, health technologies, health research and health information, et cetera are not reflected in the EHSP. Complementary linkage of the EHSP to all these pillars of health that the MoH is strengthening is required.

2.1 Developing Ghana's national Essential Health Services Package

The MoH served as the hub for the development of the EHSP and procured the services of experienced consultants and specialists who provided technical expertise and advice towards the realization of the EHSP. The package was developed mainly with technical assistance and support from the USAID, WHO, and UNICEF, using the following strategic approaches:

I) Organizing a brainstorming workshop where various experts shared their ideas, views, and experiences to establish the framework and shape the direction for the development of the EHSP and its roadmap thereafter.

II) Establishing a governance body to provide oversight: A Steering Committee was established to provide oversight for the development of the essential health services package. Chaired by the Honourable Minister for Health, the Steering Committee included key officials from the MoH, GHS, NHIA, WHO, UNICEF, USAID, and the Private Sector (See list in Appendix 1).

III) Reviewing relevant EHSP-related literature: The EHSP development process included a scoping review of grey and published literature, relevant policy documents including Ghana's 2019 UHC Roadmap, The Burden of Disease Study of MoH (2014), Ghana's Primary Health Care policy (2016), Economic evaluation of Ghana's NHIS Benefits Package and the EHSPs of Kenya, Botswana, Swaziland, Pakistan, and Ethiopia, as well as the WHO's publication on deriving an essential health package in the WHO African region.

IV) Engaging and consulting key stakeholders: As a priority, key stakeholders in Ghana's Health Sector such as the MoH and its Agencies, the private sector, WHO, UNICEF, USAID, PATH, and The World Bank Group were engaged for their immense technical inputs.

V) Drafting the EHSP: Technical Working Groups (TWGs) were formed to develop an initial draft of the relevant tables, based on the core domains, at a three-day workshop. The TWG members were drawn from national and sub-national levels of the Health Sector (Appendix 3). The initial draft compiled by the TWG was updated by the Lead Consultant (Dr. Ernest Opoku), and subsequently reviewed by subject matter experts.

Comments and concerns raised by the expert reviewers were appropriately addressed by the Lead EHSP Consultant in the second draft.

VI) Subjecting the draft to stakeholders' review: The second EHSP draft was extensively shared with key stakeholders for their feedback and comments which were reviewed and, where appropriate, incorporated into the draft. Key among those who provided feedback were WHO, UNICEF, The World Bank, MoH, GHS (Headquarters and Regions), NHIA, and CHAG.

VII) Finalizing the EHSP: At a third level, a group of experts was convened to peruse, advise and guide the finalization of the draft EHSP. The USAID and WHO consultants worked with the Experts Group to update and fine-tune the draft document for finalization during a three-day summit (Appendix 5).

VIII) Validation and endorsement of the EHSP: The finalized draft EHSP was validated at a Health Sector Stakeholders Meeting held at Alisa Hotel on 26th October 2021. The revised and updated version was subsequently endorsed by the EHSP Steering Committee on 17th February 2022 at the La Palm Beach Hotel in Accra.

IX) Launching the EHSP: The finalized EHSP document would be officially launched at the national level by the Government of Ghana and subsequently disseminated to the sub-national levels.

THE PACKAGE

The full package of the essential health services and interventions are presented below in chapters 3-8 (Tables 2 to 12c) under the respective core areas.

Some services and interventions indicated for the primary levels of care may involve or apply to the District Health Directorates and/or Sub-district health teams. For the secondary level, the services or interventions may involve or apply to the Regional Health Directorate.

Package Delivery Codes:

NB: For each service or intervention listed in the tables below, a code of Yes, Yes*, No, or Refer is used to indicate the level at which it is expected to be delivered.

Yes does not necessarily mean that the indicated services and interventions will be fully delivered at the specified level of care. It is important to note that the provision of a particular service or intervention at a particular level depends on factors such as availability of infrastructure, equipment, trained professionals with the requisite skill sets, et cetera, for the delivery of that particular service or intervention.

Yes* means the service or intervention is to be provided at the CHPS level where there is a midwife.

No means the services or interventions are not delivered at the specified level.

Refer means clients are to be moved to the next applicable higher level of care for the appropriate service/intervention (see notes on referral below for more details).

NOTES ON REFERRAL

As timely referral is crucial for patient survival and good outcomes, it is recommended that for "Refer" as indicated in the EHSP, the following steps are considered in the referral process, whenever applicable:

- Pre-referral assessment and documentation
- Stabilization/pre-referral treatment, if necessary
- Communicating with receiving facility through a telephone call, email, WhatsApp, etc.
- Timeliness/promptness (avoiding undue delay before and during referral)
- Patient safety is key (Keep patient warm, appropriately position the patient, administer oxygen, intravenous fluids, antibiotics, and blood/blood products, as may be necessary)
- Accompanying referral (preferably by a health care worker)
- Providing feedback to referring facility

Ghana's EHSP includes priority services and interventions which will contribute to the realization of universal access to sexual, reproductive health and rights, and well-being of women and girls as well as men and boys throughout their life-course.

3.1 Maternal & Newborn Health

A significant UHC ambition of the Government of Ghana is that every pregnant woman, mother and newborn, no matter where they live, should have access to good-quality respectful health care without financial hardship for the families and parents. This includes universal access to midwifery care, essential newborn care, obstetric care for maternal and perinatal complications, and inpatient care for small and sick newborns. The effective delivery of these services and interventions would ultimately contribute to the attainment of two key targets of SDG 3:

- i) Reduce Ghana's maternal mortality ratio from 308 deaths per 100,000 live births in 2017 to 70 deaths per 100,000 live births, by 2030; and
- ii) Reduce neonatal mortality ratio from 25 per 1000 live births in 2017 to 12 per 1000 live births, by 2030.

This section includes services and interventions that would contribute to the realization of these targets (see Table 2).

Table 2: Services and interventions to strengthen maternal, newborn, and child health

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
		CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Maternal & newborn health	Maternal health services/ interventions					
	Awareness creation and community engagement	Yes	Yes	Yes	Yes	Yes
	Promote Folic acid and Calcium supplementation before intended pregnancy	Yes	Yes	Yes	Yes	Yes
	Counseling and screening for genetic and risk conditions of pregnancy (e.g. SCD, HIV, diabetes, hypertension, etc.)	Yes	Yes	Yes	Yes	Yes
	Pregnancy registration	Yes	Yes	Yes	Yes	Yes
	ANC visits according to recommended visit schedules	Yes	Yes	Yes	Yes	Yes
	Client assessment- history, general, systemic, obstetric, and pelvic examination, etc.	Yes*	Yes	Yes	Yes	Yes
	Basic laboratory screening for general health status, risk conditions, and infections (e.g. Blood - Hb, group & Rh factor, SCD, G6PD, HepB, Syphilis; urine RE/dipstick; stool RE, etc.)	Yes	Yes	Yes	Yes	Yes
	Anaemia prevention with Fe/Folate	Yes	Yes	Yes	Yes	Yes
	Malaria prevention (ITN, SP/IPTp)	Yes	Yes	Yes	Yes	Yes
	Client education and counseling including birth preparedness	Yes	Yes	Yes	Yes	Yes
	Maternal Immunization (Tetanus toxoid)	Yes	Yes	Yes	Yes	Yes
	PMTCT (Testing / and counseling and ART)	Yes*	Yes	Yes	Yes	Yes
	Detection and management of pregnancy complications	Yes*	Yes	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Maternal & newborn health	Maternal health services/ interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Obstetric ultrasonography: Routine – minimum of 3; (upon booking, at weeks 18-22 and 34-38) & diagnostic	Refer	Yes	Yes	Yes	Yes
	Client assessment: History, general, obstetric and vaginal examinations	Yes*	Yes	Yes	Yes	Yes
	Diagnosis of labour	Yes	Yes	Yes	Yes	Yes
	Monitor progress of labour (Using partograph)	Yes*	Yes	Yes	Yes	Yes
	Allow birth companion (of choice)	Yes	Yes	Yes	Yes	Yes
	Respectful labour care	Yes	Yes	Yes	Yes	Yes
	Pain management	Yes	Yes	Yes	Yes	Yes
	Spontaneous vaginal delivery	Yes*	Yes	Yes	Yes	Yes
	Breech delivery	Refer	Refer	Yes	Yes	Yes
	Active management of 3rd stage	Yes*	Yes	Yes	Yes	Yes
	Detection and management of complications of labour/ delivery	Yes*	Yes	Yes	Yes	Yes
	PMTCT chemoprophylaxis to - newborn and mother	Yes*	Yes	Yes	Yes	Yes
	Abortion care	Yes*	Yes	Yes	Yes	Yes
	Post-abortion care	Yes*	Yes	Yes	Yes	Yes
	Manual vacuum aspiration	Yes*	Yes	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
		CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Maternal & newborn health	Maternal health services/ interventions					
	Evacuation of the uterus	Refer	Yes	Yes	Yes	Yes
	Laparotomy for ectopic gestation	Refer	Refer	Yes	Yes	Yes
	Administer parenteral antibiotics	Yes*	Yes	Yes	Yes	Yes
	Administer parenteral anti-convulsant	Yes*	Yes	Yes	Yes	Yes
	Administer parenteral Oxytocin/carbetocin for PPH prevention and treatment	Yes*	Yes	Yes	Yes	Yes
	Administer tranexamic acid for treatment of PPH	Yes*	Yes	Yes	Yes	Yes
	Administer Oxytocin infusions for induction /augmentation of labour	Refer	Refer	Yes	Yes	Yes
	Administer corticosteroids for preterm labour	Yes*	Yes	Yes	Yes	Yes
	Administer misoprostol for abortion care	Yes	Yes	Yes	Yes	Yes
	Administer misoprostol for PPH prevention and treatment	Yes*	Yes	Yes	Yes	Yes
	Assisted vaginal delivery (Vacuum)	Refer	Yes	Yes	Yes	Yes
	Manual removal of placenta	Yes*	Yes	Yes	Yes	Yes
	Bimanual uterine compression	Yes*	Yes	Yes	Yes	Yes
	Repair of 1st and 2nd-degree perineal tears	Yes*	Yes	Yes	Yes	Yes
	Repair of 3rd degree perineal tears, vaginal and cervical tears	Refer	Refer	Yes	Yes	Yes
Using anti-shock garments	Yes	Yes	Yes	No	No	

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Maternal & newborn health	Maternal health services/ interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Uterine balloon tamponade	Yes*	Yes	Yes	Yes	Yes
	Blood transfusion	Refer	Refer	Yes	Yes	Yes
	General and spinal anesthesia	Refer	Refer	Yes	Yes	Yes
	Caesarean section	Refer	Refer	Yes	Yes	Yes
	B-Lynch Haemostatic suture	Refer	Refer	Yes	Yes	Yes
	Caesarean hysterectomy	Refer	Refer	Yes	Yes	Yes
	Destructive operation	Refer	Refer	Yes	Yes	Yes
	Newborn health Services & Interventions					
	Neonatal resuscitation with bag and mask	Yes	Yes	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
		CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Maternal & newborn health	Newborn health Services & Interventions					
	Essential Newborn Care --Warm delivery room --Immediate, thorough drying -- Delayed cord clamping --Skin-to-skin contact at birth --Early initiation of breastfeeding --Delayed Bathing and weighing -- Antibiotic prophylaxis for eye care -- newborn assessment --Keep baby warm --Keep mother and baby together --Warm transportation for a baby that needs referral	Yes	Yes	Yes	Yes	Yes
	Chlorhexidine use for cord care	Yes	Yes	Yes	Yes	Yes
	Vitamin K injection	Yes	Yes	Yes	Yes	Yes
	Kangaroo Mother Care (KMC)	Yes (initiate and refer)	Yes (initiate and refer)	Yes	Yes	Yes
	Newborn screening – SCD, Congenital hypothyroidism, G6PD, etc.	Refer	Yes	Yes	Yes	Yes
	Care for Low Birth Weight (LBW) and Pre-term babies	Refer	Refer	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
		CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Maternal & newborn health	Developmental Supportive Care (DSC) for extreme LBW and preterm babies --Respiratory support ---Feeding support --KMC --Early stimulation and nurturing care -- Swaddling and nesting --Control of lighting --Control of noise ---Family-centered care	Refer	Refer	Yes	Yes	Yes
	Caring for the sick newborn	Refer	Refer	Yes	Yes	Yes
	Prevention and management of birth asphyxia	Refer	Refer	Yes	Yes	Yes
	Respiratory support with CPAP	Refer	Refer	Yes	Yes	Yes
	Prevention and management of neonatal sepsis	Refer	Refer	Yes	Yes	Yes
	Advanced neonatal resuscitation (intubation, cardiac compression, and drugs)	Refer	Refer	Yes	Yes	Yes
	Management of neonatal jaundice	Refer	Refer	Yes	Yes	Yes
	Safe administration of oxygen	Refer	Refer	Yes	Yes	Yes
	Safe administration of IV fluids	Refer	Refer	Yes	Yes	Yes
	Administration of parenteral antibiotics	Yes*	Yes	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Maternal & newborn health	Newborn health Services & Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Prevention and management of neonatal seizures	Refer	Refer	Yes	Yes	Yes
	Prevention and management of hypoglycaemia	Refer	Yes	Yes	Yes	Yes
	Newborn immunizations (BCG, Hep B, OPV0)	Yes	Yes	Yes	Yes	Yes
	Neonatal referral services	Yes	Yes	Yes	Yes	No
	Postnatal Care Services & Interventions					
	Registration	Yes	Yes	Yes	Yes	Yes
	1st visit within 3 days	Yes	Yes	Yes	Yes	Yes
	2nd visit: 6-7 days after delivery	Yes	Yes	Yes	Yes	Yes
	3rd visit: 6 weeks after delivery	Yes	Yes	Yes	Yes	Yes
	Client education & counseling	Yes	Yes	Yes	Yes	Yes
	Client Assessment (mother): History, General examination, systemic, breast and pelvic examinations, etc.	Yes	Yes	Yes	Yes	Yes
	Laboratory investigations (blood-Hb, Urine RE/dipstick)	Yes	Yes	Yes	Yes	Yes
	Diagnosis and management of puerperal complications	Yes	Yes	Yes	Yes	Yes
	Counseling and support for mother and baby	Yes	Yes	Yes	Yes	Yes

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Maternal & newborn health	Postnatal Care Services & Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Infant assessment: history and examination	Yes	Yes	Yes	Yes	Yes
	Neurodevelopmental assessment and follow up	No	No	Yes	Yes	Yes
	Fe/Folate supplementation (mother)	Yes	Yes	Yes	Yes	Yes
	Promotion of Exclusive Breastfeeding	Yes	Yes	Yes	Yes	Yes
	PMTCT (chemoprophylaxis for babies) and ART for mothers	Yes	Yes	Yes	Yes	Yes
	Early Infant Diagnosis (EID) of HIV	Yes	Yes	Yes	Yes	Yes
	STI screening at six weeks	Yes	Yes	Yes	Yes	Yes
	Family Planning counseling and services	Yes	Yes	Yes	Yes	Yes
	Sick infant care (minor illnesses)	Yes	Yes	Yes	Yes	Yes
	Sick infant care (severe illness)	Stabilize and Refer	Stabilize and Refer	Yes	Yes	Yes
	Complementary and replacement feeding of infants	Yes	Yes	Yes	Yes	Yes

3.2 Family Planning Services

This segment of the package covers services and interventions that are relevant to population needs for family planning.

Table 3: Family Planning Services & Interventions

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Family Planning Services & Interventions	CHPS	Health Centre	District Level/Primary Hospital	Regional Level/Secondary Hospital	Tertiary Hospital
Family Planning	Awareness creation and Community Engagement	Yes	Yes	Yes	Yes	Yes
	Counselling on modern methods of family planning (FP)	Yes	Yes	Yes	Yes	Yes
	History and physical examination	Yes	Yes	Yes	Yes	Yes
	Provision of condoms, spermicides, injectables, oral contraceptive pills, etc.	Yes	Yes	Yes	Yes	Yes
	Insertion of Implants (e.g. Implanon, Jadelle, etc.)	Yes	Yes	Yes	Yes	Yes
	Insertion of Intrauterine Contraceptive Device (IUCD)	Yes	Yes	Yes	Yes	Yes
	Bilateral tubal ligation (BTL)	Refer	Refer	Yes	Yes	Yes
	Vasectomy	Refer	Refer	Yes	Yes	Yes
	Removal of implants and IUCDs	Yes	Yes	Yes	Yes	Yes
	Treatment of FP side-effects	Yes	Yes	Yes	Yes	Yes

3.3 Child Health & Nutrition Services & Interventions

This section includes evidence-based high-impact, cost-effective child health services and interventions such as immunizations, growth monitoring and promotion, integrated management of neonatal and childhood illness (IMNCI), infant and young child feeding (IYCF), management of malnutrition, and micronutrient supplementation, among others, (see Tables 4a and 4b below).



Table 4a: Routine immunization and vitamin A supplementation services under Ghana's EPI programme

CORE AREA	SERVICES/INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
EPI & VITAMIN A SUPPLEMENTATION	EPI and Vitamin A Supplementation Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Infant Immunization at birth (BCG, OPV & HepB)	Yes	Yes	Yes	Yes	Yes
	Infant Immunizations at 6 weeks (DPT-HepB-Hib1, OPV1, Pneumococcal 1 & Rotavirus 1)	Yes	Yes	Yes	Yes	Yes
	Infant Immunizations at 10 weeks (DPT-HepB-Hib2, OPV2, Pneumococcal 2, & Rotavirus 2)	Yes	Yes	Yes	Yes	Yes
	Infant immunizations at 14 weeks (DPT-HepB-Hib3, Pneumococcal 3, OPV3, & IPV)	Yes	Yes	Yes	Yes	Yes
	At 9 months (Measles-Rubella 1 & Yellow Fever)	Yes	Yes	Yes	Yes	Yes
	Child immunization at 18 months (Measles-Rubella 2 & Meningococcal A)	Yes	Yes	Yes	Yes	Yes
	Child Vitamin A Supplementation --Every 6 months starting from age 6 months to age 59 months	Yes	Yes	Yes	Yes	Yes
	Introduction of new vaccines (e.g. for malaria, salmonella, et cetera)	Yes	Yes	Yes	Yes	Yes

Table 4b: Nutrition and other child health services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Nutrition and Other Child Health Services & Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Child Growth & Development	Awareness creation and community engagement	Yes	Yes	Yes	Yes	Yes
	Child growth monitoring and promotion	Yes	Yes	Yes	Yes	Yes
	Exclusive breastfeeding	Yes	Yes	Yes	Yes	Yes
	Complementary feeding and weaning of infant	Yes	Yes	Yes	Yes	Yes
	Infant and Young Child Feeding	Yes	Yes	Yes	Yes	Yes
	Diagnosis and management of acute malnutrition (MAM)	Yes	Yes	Yes	Yes	Yes
	Community-based management of acute malnutrition (CMAM)	Yes	Yes	Yes	No	No
	Management of severe acute malnutrition (SAM)	Refer	Refer	Yes	Yes	Yes

Table 4b: Nutrition and other child health services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Nutrition and Other Child Health Services & Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Child Growth & Development	Provide technical support to school feeding programme (pre-school and basic)	Yes	Yes	Yes	No	No
	Integrated management of neonatal and childhood illness (IMNCI)	Yes	Yes	Yes	Yes	Yes
	Managing delayed walking	Yes	Yes	Yes	Yes	Yes
	Managing delayed speech	Yes	Yes	Yes	Yes	Yes
	Managing limb abnormalities	Refer	Refer	Yes	Yes	Yes
	Support and Care for the child with disability	Yes	Yes	Yes	Yes	Yes
	Deworming	Yes	Yes	Yes	Yes	Yes
	Micronutrient supplementation	Yes	Yes	Yes	Yes	Yes
	Public education on the prevention of home accidents and injuries	Yes	Yes	Yes	Yes	Yes
	Treatment and care for the severely sick child (admission and acute care)	Refer	Refer	Yes	Yes	Yes
	Caring for the out-of-school child	Yes	Yes	Yes	Yes	Yes

Table 4b: Nutrition and other child health services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Child Growth & Development	Nutrition and Other Child Health Services & Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Advocacy for prevention of child labour	Yes	Yes	Yes	Yes	Yes
	Advocacy for prevention of female genital cutting/ mutilation	Yes	Yes	Yes	Yes	Yes
	Managing childhood mental ill-health	Refer	Refer	Yes	Yes	Yes
	Childhood & Adolescent Cancers, Chronic Diseases, and School Health Services and Interventions					
	Childhood cancer: advocacy and awareness creation	Yes	Yes	Yes	Yes	Yes
	Awareness creation and Identification of suspected childhood and adolescent cancer for referral	Yes	Yes	No	No	No
	Diagnosis of childhood and adolescent cancers	Refer	Refer	Yes	Yes	Yes
	Childhood and adolescent cancer: Treatment and supportive care	Refer	Refer	Yes	Yes	Yes

Table 4b: Nutrition and other child health services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Childhood & Adolescent Cancers, Chronic Diseases, and School Health Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Child Growth & Development	Initiation of supportive care for children with suspected or confirmed cancers	Yes	Yes	Yes	Yes	Yes
	Follow-up post-treatment of childhood/adolescent cancers	Yes	Yes	Yes	Yes	Yes
	Defaulter tracing of children undergoing cancer treatment	Yes	Yes	Yes	No	No
	Initiating the management of the child with chronic diseases (e.g. asthma, sickle cell disease, epilepsy, kidney disease, heart disease, etc.)	Refer	Refer	Yes	Yes	Yes
	Prevention, identification, and management of child abuse	Yes	Yes	Yes	Yes	Yes
	Screening for visual and hearing impairments, dental, mental health and common skin disorders, etc.	Yes	Yes	Yes	Yes	Yes
	Physical examination and other health checks in designated classes (e.g. KG, Class 1, Class 3, etc.)	Yes	Yes	Yes	No	No

Table 4b: Nutrition and other child health services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Child Growth & Development	Childhood & Adolescent Cancers, Chronic Diseases, and School Health Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Health promotion and education for teachers, children, and parents.	Yes	Yes	Yes	No	No
	Promotion of dental hygiene (including using fluoride-containing toothpaste for teeth brushing)	Yes	Yes	Yes	Yes	Yes
	Support and supervision of school-based sick bays and infirmaries (School Health)	Yes	Yes	Yes	No	No

3.4 Adolescent Health Services & Interventions

These adolescent-friendly services and interventions are meant to promote healthy growth and development of adolescents and also equip them with empowering knowledge to realize their sexual and reproductive health and rights.



Table 5: Services and Interventions for Strengthening Adolescent Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Adolescent Health -Strengthening Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Adolescent Health	Advocacy for provision of youth-friendly services/care environment	Yes	Yes	Yes	Yes	Yes
	Awareness creation and community engagement	Yes	Yes	Yes	Yes	Yes
	Promotion of recreational activities (sports, games, audio-visuals, etc.)	Yes	Yes	Yes	Yes	Yes
	Counseling on healthy eating and physical activity	Yes	Yes	Yes	Yes	Yes
	Counseling on abstinence and healthy sexual behaviors	Yes	Yes	Yes	Yes	Yes
	Family planning and contraceptive services	Yes	Yes	Yes	Yes	Yes
	Counseling, prevention, and management of substance use and abuse	Yes	Yes	Yes	Yes	Yes
	Sexually transmitted infections (STI) prevention and treatment	Yes	Yes	Yes	Yes	Yes
	Management of micro-nutrient deficiencies, including anaemia (Iodine, Iron, Vitamin A, Calcium, etc.)	Yes	Yes	Yes	Yes	Yes

Table 5: Services and Interventions for Strengthening Adolescent Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Adolescent Health -Strengthening Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Adolescent Health	Obesity and overweight prevention and management	Yes	Yes	Yes	Yes	Yes
	Management of eating disorders	Yes	Yes	Yes	Yes	Yes
	Teenage pregnancy services	Yes	Yes	Yes	Yes	Yes
	Prevention and awareness creation of sexual violence and abuse	Yes	Yes	Yes	Yes	Yes
	Management of sexual violence and abuse	Refer	Refer	Yes	Yes	Yes
	Management of menstrual, and related concerns/ disorders in female adolescents	Refer	Yes	Yes	Yes	Yes
	Management of breast concerns/disorders (pain, size and shape, nipple discharge, lumps, etc.)	Refer	Refer	Yes	Yes	Yes
	Health education on self-care including breast self-examination and cervical cancer prevention	Yes	Yes	Yes	Yes	Yes
	Human Papilloma Virus (HPV) Immunization (for girls ages 10-14)	Yes	Yes	Yes	Yes	Yes

Table 5: Services and Interventions for Strengthening Adolescent Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Adolescent Health -Strengthening Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Adolescent Health	Management of adolescent male sexuality concerns and disorders	Yes	Yes	Yes	Yes	Yes
	Education on harmful gender-related practices affecting adolescents (e.g. Early betrothal /marriage, female genital cutting, etc.)	Yes	Yes	Yes	Yes	Yes
	Screening and management (including referral) for anaemia, visual and hearing impairments, dental, common skin disorders, and infections	Yes	Yes	Yes	Yes	Yes
	Support and supervision of school-based sick bays and infirmary	Yes	Yes	Yes	No	No
	Management of adolescent behavioral disorders and delinquency	Refer	Refer	Yes	Yes	Yes
	Management of adolescent anxiety and depression disorders, including suicide prevention	Refer	Refer	Yes	Yes	Yes

3.5 Other Services & Interventions for Women & Men's Health

This section includes services and interventions to support the prevention and management of other reproductive health system disorders and concerns of women and men. Prioritized are the prevention and treatment of infertility, erectile dysfunction, menopause, and cancers of the breast, cervix, prostate, and testes.



Table 6: Services and Interventions for Women and Men’s Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Services And Interventions for Women And Men’s Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Men & Women’s Health	Advocacy, communication, community engagement, and awareness creation	Yes	Yes	Yes	Yes	Yes
	Counseling on self-care, healthy eating, sexuality issues, and physical activity	Yes	Yes	Yes	Yes	Yes
	Counseling and support for mental health issues	Yes	Yes	Yes	Yes	Yes
	Promotion of physical activity, healthy eating, adequate sleep and rest for men and women	Yes	Yes	Yes	Yes	Yes
	Couple education and counseling; education on self-care	Yes	Yes	Yes	Yes	Yes
	Periodic medical check-up (History, physical examination, and laboratory tests for general health status)	Refer	Yes	Yes	Yes	Yes
	Periodic eye, hearing, and dental health check-ups	Yes	Yes	Yes	Yes	Yes

Table 6: Services and Interventions for Women and Men's Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Men & Women's Health	Services And Interventions for Women And Men's Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	History and physical examination of female (including pelvic examination) – Gynaecological consultation	Refer	Yes	Yes	Yes	Yes
	History and physical examination of male (including male genitalia) - Urological consultation	Refer	Yes	Yes	Yes	Yes
	Workplace-based periodic medical check-ups	Yes	Yes	Yes	Yes	Yes
	Laboratory test and other specialized investigations (male and female)	Refer	Refer	Yes	Yes	Yes
	Treatment of reproductive tract infections and STIs	Refer	Refer	Yes	Yes	Yes
	Ovulation induction and monitoring	No	No	Yes	Yes	Yes
	Assisted conception technologies	No	No	No	Yes	Yes
	Counselling and support for adoption services	Yes	Yes	Yes	Yes	Yes
	Living with childlessness (psychosocial support)	Yes	Yes	Yes	Yes	Yes
	Management of menstrual disorders and concerns	Refer	Yes	Yes	Yes	Yes

Table 6: Services and Interventions for Women and Men's Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Men & Women's Health	Services And Interventions for Women And Men's Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Management of menopause	Yes	Yes	Yes	Yes	Yes
	Management of obstetric fistula	Refer	Refer	Yes	Yes	Yes
	Management of gender-based violence	No	No	Yes	Yes	Yes
	Services and Interventions for Cancers in Women					
	Community engagement and awareness creation	Yes	Yes	Yes	Yes	Yes
	Client education including breast self-examination	Yes	Yes	Yes	Yes	Yes
	Clinical breast examination	Yes	Yes	Yes	Yes	Yes
	Breast cancer screening- (mammogram, ultrasound)	Refer	Refer	Yes	Yes	Yes
	Cervical cancer screening (Acetic acid application and inspection)	Yes	Yes	Yes	Yes	Yes

Table 6: Services and Interventions for Women and Men's Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Men & Women's Health	Services and Interventions for Cancers in Women	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Cervical cancer screening (PAP Smear)	Refer	Refer	Yes	Yes	Yes
	Screening for pelvic tumors –e.g. Fibroids and malignant tumours	Yes	Yes	Yes	Yes	Yes
	Thermocoagulation and cryotherapy for early lesions	Yes	Yes	Yes	Yes	Yes
	Definitive cervical, breast, and pelvic tumours and cancers management	Refer	Refer	Yes	Yes	Yes
	Follow up care including palliative and terminal care	Yes	Yes	Yes	Yes	Yes

Table 6: Services and Interventions for Women and Men's Health

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Men & Women's Health	Services and Interventions for Cancers in Men	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Education and counseling	Yes	Yes	Yes	Yes	Yes
	Screening for cancers in men	No	No	Yes	Yes	Yes
	PSA-blood test for prostate cancer	No	No	Yes	Yes	Yes
	Specialized examinations for detection of cancers in men (e.g. ultrasonography, biopsy, bladder cystoscopy)	Refer	Refer	Yes	Yes	Yes
	Definitive treatment of cancers in men (e.g. Prostate, testicular cancers, etc.)	No	No	Yes	Yes	Yes
	Follow up care including palliative and terminal care	Yes	Yes	Yes	Yes	Yes

3.6 Services & Interventions for the Aged

As life expectancy at birth keeps on rising in Ghana, as part of the country's demographic transition, a list of services and interventions are included in the table below to help address some of the crucial healthcare needs of the aged.



Table 6: Services and Interventions for the aged

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Services And Interventions for the Aged	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Health of the aged	Client counseling on self-care, healthy eating, and physical activity	Yes	Yes	Yes	Yes	Yes
	Client counseling and support for mental health issues	Yes	Yes	Yes	Yes	Yes
	Periodic medical check-up (History physical examination, and laboratory tests for general health status)- using a standardized format	Yes	Yes	Yes	Yes	Yes
	Periodic eye, hearing, and dental health check-ups and management	Yes	Yes	Yes	Yes	Yes
	Provision of visual, hearing, and physical aids	No	No	Yes	Yes	Yes
	Education and counseling on chronic diseases and common cancers of the aged	Yes	Yes	Yes	Yes	Yes
	Specialized screening for common cancers (cervical, breast, prostate, liver, etc.)	No	No	Yes	Yes	Yes
	Palliative/terminal care	Yes	Yes	Yes	Yes	Yes

Table 7: Services and Interventions for the aged

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Health of the aged	Services And Interventions for the Aged	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Home-based care for the aged	Yes	Yes	Yes	Yes	Yes
	Support and supervision of hospice and day-care services for the aged	Yes	Yes	Yes	Yes	Yes
	End of life counselling and support	Yes	Yes	Yes	Yes	Yes

4.1 Prevention, Control & Management of Communicable Diseases & Risk Factors

This section includes services and interventions aimed at reducing morbidity, disability, and mortality associated with communicable diseases such as malaria, HIV/AIDS and STIs, tuberculosis, viral hepatitis, the pneumonias, and the neglected tropical diseases (NTDs). (Table 8).

(Please, note that communicable diseases with epidemic or pandemic potential are covered under public health emergencies in Table 10, chapter 6).

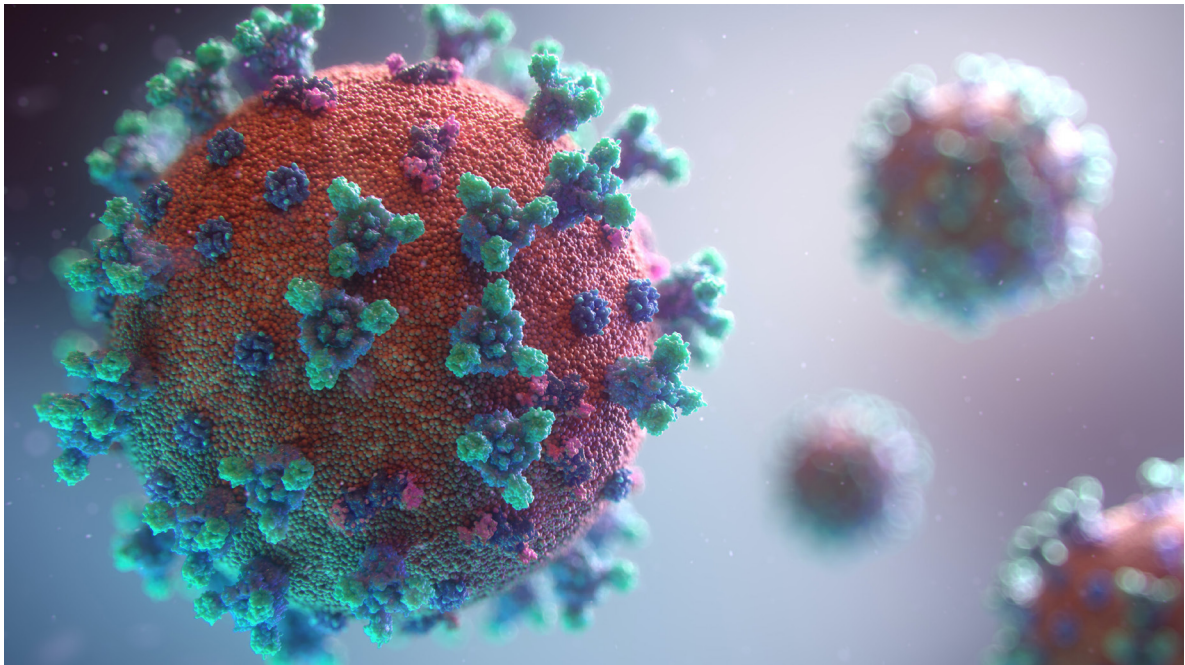


Table 8: Services and interventions for prevention, control, and management of communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Communicable Diseases Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Communicable Diseases	Health promotion, including advocacy, awareness creation, and community engagement on communicable diseases	Yes	Yes	Yes	Yes	Yes
	Risk and behavior change communication	Yes	Yes	Yes	Yes	Yes
	Social marketing of specific commodities or products (e.g. ITNs, condoms, ORS, zinc, etc.)	Yes	Yes	Yes	Yes	Yes
	Screening for communicable diseases (e.g. malaria, HIV, TB, Hepatitis, STIs, NTDs, etc.)	Yes	Yes	Yes	Yes	Yes
	Distribution and use of insecticide-treated bed nets (ITNs)	Yes	Yes	Yes	No	No
	Indoor Residual Spraying (IRS) for malaria vector control	Yes	Yes	Yes	No	No
	Seasonal malaria chemoprophylaxis (SMC)	Yes	Yes	Yes	No	No

Table 8: Services and interventions for prevention, control, and management of communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Communicable Diseases Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Communicable Diseases	Preventive chemotherapy for communicable diseases (e.g. malaria, TB, HIV, NTDs, etc.)	Yes	Yes	Yes	Yes	Yes
	Clinical diagnosis of communicable diseases (history and physical examination)	Yes	Yes	Yes	Yes	Yes
	Laboratory diagnosis of communicable diseases	Refer	Yes	Yes	Yes	Yes
	Use of GeneXpert for diagnosis	No	No	Yes	Yes	Yes
	Chest X-ray for diagnosis (e.g. TB, pneumonias, etc.)	No	No	Yes	Yes	Yes
	Counselling (for treatment adherence, client and partner testing for HIV, STIs, Viral Hepatitis, etc.)	Yes	Yes	Yes	Yes	Yes

Table 8: Services and interventions for prevention, control, and management of communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Communicable Diseases Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Communicable Diseases	Home-based treatment of communicable diseases (e.g. malaria, dysentery, diarrhea, etc.)	Yes	Yes	No	No	No
	Facility-based treatment of uncomplicated cases of communicable diseases (malaria, diarrhea, STIs, ARI, etc.)	Yes	Yes	Yes	Yes	Yes
	Mass drug administrations (e.g. NTDs)	Yes	Yes	Yes	No	No
	Chemoprophylaxis (treatment of contacts) (e.g. cholera, meningitis, etc.)	Yes	Yes	Yes	Yes	Yes
	Syndromic management of STIs	Yes	Yes	Yes	No	No
	Anti-retroviral therapy (ART) and differentiated service delivery	No	Yes	Yes	Yes	Yes
	Directly observed treatment short-course (DOTS)–TB	Yes	Yes	Yes	Yes	Yes

Table 8: Services and interventions for prevention, control, and management of communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Communicable Diseases Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Communicable Diseases	Multi-drug resistant TB (MDR TB) treatment	No	No	Yes	Yes	Yes
	Extensive drug-resistant TB (XDR TB) treatment	No	No	Yes	Yes	Yes
	Treatment of HIV/AIDS opportunistic infections and co-infections	Yes	Yes	Yes	Yes	Yes
	Hospitalization and treatment/management of severe cases of communicable diseases (severe malaria, pneumonias, acute profuse diarrhea with severe dehydration, etc.)	Refer	Refer	Yes	Yes	Yes
	Treatment defaulter tracing	Yes	Yes	Yes	Yes	Yes
	Wound or ulcer dressing for NTDs (e.g. Buruli ulcers, yaws)	Yes	Yes	Yes	Yes	Yes
	Surgical management of NTDs (e.g. Excision of nodules, grafting, contractures, hydrocelectomy, etc.)	No	Yes	Yes	Yes	Yes

Table 8: Services and interventions for prevention, control, and management of communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Communicable Diseases	Communicable Diseases Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Stigma and discrimination reduction services (e.g. HIV/AIDS, TB, NTDs, etc.)	Yes	Yes	Yes	Yes	Yes
	Supportive and psycho-social care	Yes	Yes	Yes	Yes	Yes

5.1 Prevention & Management of Non-Communicable Diseases & Mental Health Conditions and Risk Factors

This chapter focuses on the two key areas of non-communicable diseases and mental health. Firstly, prevention and control of some of the major non-communicable diseases in Ghana are considered in Table 9a; with listed services and interventions aimed at reducing the occurrence and adverse effects of obesity, hypercholesterolemia, hypertension, diabetes, cardiovascular diseases, chronic respiratory diseases and cancers, among others. Modifiable risk factors such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol are also addressed.

Secondly, services and interventions that would promote better mental health, including child and adolescent mental health, are also listed (see Table 9b).



Table 9a: Services and interventions for prevention and management of non-communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Non-Communicable Diseases	Services and Interventions for Non-Communicable Diseases and Risk Factors	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Awareness creation and health education on NCDs	Yes	Yes	Yes	Yes	Yes
	Education on risk factors for NCDs and avoidance of triggers	Yes	Yes	Yes	Yes	Yes
	Regular medical check-ups	Yes	Yes	Yes	Yes	Yes
	Community-based advocacy (regulation and individual/joint actions)	Yes	Yes	Yes	No	No
	Creating supportive environments & strengthening community actions	Yes	Yes	Yes	No	No
	Reorienting health care services for NCDs	Yes	Yes	Yes	Yes	Yes
	Community physical activity drives (e.g. health walks)	Yes	Yes	Yes	No	No
	Home-based exercise programmes	Yes	Yes	Yes	Yes	Yes

Table 9a: Services and interventions for prevention and management of non-communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Non-Communicable Diseases	Services and Interventions for Non-Communicable Diseases and Risk Factors	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Promotion of healthy eating	Yes	Yes	Yes	Yes	Yes
	Promotion of healthy body weight maintenance	Yes	Yes	Yes	Yes	Yes
	**Smoking cessation (education and counselling)	Yes	Yes	Yes	Yes	Yes
	Promoting abstinence and no or low intake of alcohol	Yes	Yes	Yes	Yes	Yes
	Screening services for NCDs (individuals and families) e.g. diabetes, hypertension, Sickle Cell Disease (SCD), etc.)	Yes	Yes	Yes	Yes	Yes
	Screening for complications, and follow up care	Yes	Yes	Yes	Yes	Yes
	Timely referrals of newly diagnosed patients to prevent progression to severe stages	Yes	Yes	No	No	No
	Chemoprophylaxis (Pen V) for sickle cell disease	Yes	Yes	Yes	Yes	Yes

**Taxation and cigarette replacement services need collaboration with Ministry of Trade and Industry and Ministry of Finance

Table 9a: Services and interventions for prevention and management of non-communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Non-Communicable Diseases	Services and Interventions for Diagnosis, Treatment & Control of NCDs	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	History and physical examination	Yes	Yes	Yes	Yes	Yes
	Laboratory and imaging investigations for NCDs diagnosis	Refer	Refer	Yes	Yes	Yes
	Diagnosis and counselling	Yes	Yes	Yes	Yes	Yes
	Nutritional and diet management of NCDs	Yes	Yes	Yes	Yes	Yes
	Medications for NCDs (including hydroxyurea for SCD)	No	Yes	Yes	Yes	Yes
	Chemotherapy and radiotherapy for cancers	No	No	Refer	Yes	Yes
	Using community health workers to increase treatment adherence among individuals with NCDs	Yes	Yes	Yes	No	No
	Screening for complications (e.g. retinopathy, chronic kidney disease, neuropathy, etc.)	Refer	Yes	Yes	Yes	Yes

Table 9a: Services and interventions for prevention and management of non-communicable diseases

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Non-Communicable Diseases	Services and Interventions for Diagnosis, Treatment & Control of NCDs	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Emergency management of NCDs (admission and crises management)	Refer	Refer	Yes	Yes	Yes
	Surgical management of NCDs	Refer	Refer	Yes	Yes	Yes
	Stigma management and social support	Yes	Yes	Yes	Yes	Yes
	Psychosocial support	Yes	Yes	Yes	Yes	Yes
	Referral services in NCDs	Yes	Yes	Yes	Yes	Yes

Table 9b: Services and interventions for prevention and management of mental ill-health conditions and risk factors

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Mental Health	Services and Interventions for Mental Ill-Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Advocacy and promotion of community and social participation in mental health	Yes	Yes	Yes	No	No
	Health education and awareness creation on mental health	Yes	Yes	Yes	No	No
	Promotion of mental health and psychosocial support services (MHPSS) for public/mental health emergencies	Yes	Yes	Yes	No	No
	Mental health and psychosocial support services (MHPSS) for public/mental health emergency services (self-harm, aggression, etc.)	Yes	Yes	Yes	Yes	Yes
	Promotion of community-based suicide prevention	Yes	Yes	Yes	No	No
	Health facility-based prevention and emergency suicide services	Refer	Yes	Yes	Yes	Yes
	Basic counseling services including psychological first aid	Yes	Yes	Yes	Yes	Yes

Table 9b: Services and interventions for prevention and management of mental ill-health conditions and risk factors

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Mental Health	Services and Interventions for Child and Adolescent Mental Ill-Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Promotion of prevention of bullying in schools	Yes	Yes	Yes	No	No
	Supporting children to better handle parental divorce and parental loss (resilience)	Yes	Yes	Yes	Yes	Yes
	Mental health screening of children & adolescents in schools	Yes	Yes	Yes	Yes	Yes
	Promotion of Iodine supplementation in diets	Yes	Yes	Yes	No	No
	Alcohol and substance use disorder prevention	Yes	Yes	Yes	No	No
	Alcohol and substance use disorder management	No	No	Yes	Yes	Yes
	Emotional intelligence (education, early identification, counselling)	Yes	Yes	Yes	No	No
	Early identification of mental ill-health campaign	Yes	Yes	Yes	No	No

Table 9b: Services and interventions for prevention and management of mental ill-health conditions and risk factors

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Mental Health	Services and Interventions for Child and Adolescent Mental Ill-Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Early identification of mental ill-health (history and examination)	Yes	Yes	Yes	Yes	Yes
	Case management services (Treatment of diagnosed mental health cases)	Refer	Yes	Yes	Yes	Yes
	Follow-ups & home visits	Yes	Yes	Yes	No	No
	Defaulter tracing services	Yes	Yes	Yes	No	No
	Promotion of self-care (sleep hygiene, physical fitness, leisure activities)	Yes	Yes	Yes	Yes	Yes
	Stress management (group/individual therapy, relaxation techniques)	Yes	Yes	Yes	Yes	Yes
	Promotion of workplace mental health employee assistance programme	Yes	Yes	Yes	Yes	Yes
	Behavioral therapy services	No	No	Yes	Yes	Yes

Table 9b: Services and interventions for prevention and management of mental ill-health conditions and risk factors

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Mental Health	Services and Interventions for Child and Adolescent Mental Ill-Health	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Promotion of physical fitness services	Yes	Yes	Yes	Yes	Yes
	Promotion of leisure activities	Yes	Yes	Yes	Yes	Yes
	Reproductive Mental Health (maternal mental health, infertility, post-abortion care, erectile dysfunction, etc.)	Yes	Yes	Yes	Yes	Yes
	Carer burden support (promotion and advocacy)	Yes	Yes	Yes	Yes	Yes
	Carer burden management (carers of patients with dementia, cerebral palsy, etc.)	Yes	Yes	Yes	Yes	Yes
	Geriatric mental health promotion	Yes	Yes	Yes	Yes	Yes
	Geriatric mental health services	Yes	Yes	Yes	Yes	Yes

6.1 Prevention & Management of Public Health Emergencies

Ghana is a signatory to the International Health Regulation (IHR, 2005) and uses the third edition of the Integrated Disease Surveillance and Response (IDSR) strategy as a vehicle for its IHR implementation, within the legal framework of the Ghana Public Health Act 2012 (Act 851). The country uses event-based surveillance, indicator-based, and all-hazard approaches to prevent, detect and respond to all potential public health threats of biological (i.e., an infectious disease with the potential to spread and cause an outbreak), chemical, and radio-nuclear origins, as well as natural and man-made disasters.

Table 10 lists services and interventions for the prevention and management of public health emergencies at the primary, secondary and tertiary levels.

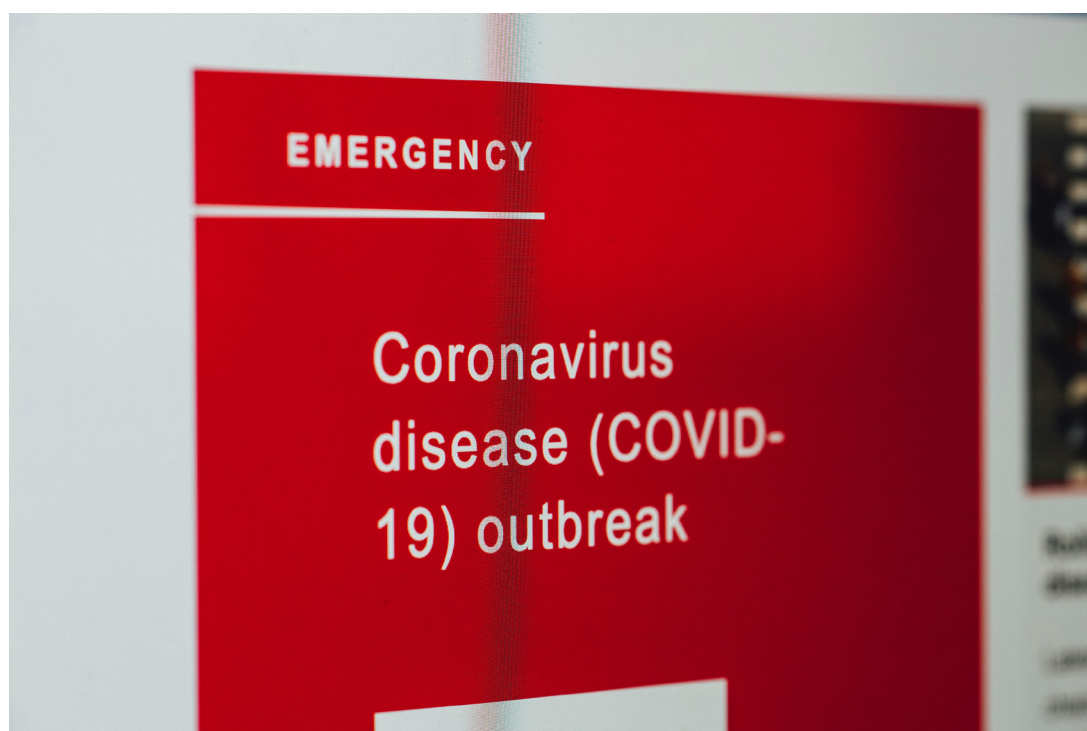


Table 10: Services and intervention for prevention and management of public health emergencies

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Services and Interventions for public health emergencies	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Public Health Emergencies	Emergency risk assessment	Yes	Yes	Yes	Yes	Yes
	Risk communication and community engagement	Yes	Yes	Yes	Yes	Yes
	Surveillance activities (IDSR and IHR 2005)	Yes	Yes	Yes	Yes	Yes
	Port health activities (IDSR and IHR 2005)	No	No	Yes	Yes	Yes
	Outbreak simulation exercises	Yes	Yes	Yes	Yes	Yes
	Biosecurity and biosafety	No	No	Yes	Yes	Yes
	Surveillance activities including contact tracing (one health approach)	Yes	Yes	Yes	Yes	Yes
	Case management	No	Yes	Yes	Yes	Yes
	Anti-microbial resistance (AMR) response	Yes	Yes	Yes	Yes	Yes
	Evacuating at-risk population	Yes	Yes	Yes	Yes	Yes

Table 10: Services and intervention for prevention and management of public health emergencies

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Services and Interventions for public health emergencies	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Public Health Emergencies	Emergency vaccination	Yes	Yes	Yes	Yes	Yes
	Mass vaccination	Yes	Yes	Yes	Yes	Yes
	Mass drug administration	Yes	Yes	Yes	Yes	No
	Safe and dignified burial	Yes	Yes	Yes	No	No
	Complex humanitarian emergency response	No	No	Yes	Yes	Yes
	Community rebuilding and recovery (including disasters, post complex humanitarian emergency)	Yes	Yes	Yes	Yes	Yes
	Quarantine and isolation facilities	No	No	Yes	Yes	Yes
	Managing post-traumatic stress disorder (PTSD) after emergencies	Yes	Yes	Yes	Yes	Yes
	Psychological first aid	Yes	Yes	Yes	Yes	Yes
	Mental health and psychosocial support	Yes	Yes	Yes	Yes	Yes

7.1 Medical & Surgical Emergencies

This chapter contains a list of services and interventions to address individual and population needs for clinical care and emergencies. Table 11a includes the core medical emergency services and clinical interventions and Table 11b, surgical emergency services and interventions.



Table 11a: Medical emergencies and critical care services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Community/public educational programmes	Yes	Yes	Yes	No	No
	Community-based first aid delivery	Yes	Yes	Yes	No	No
	Emergency preparedness	Yes	Yes	Yes	Yes	Yes
	Basic life support (BLS)-CPR	Yes	Yes	Yes	Yes	Yes
	Triage	Yes	Yes	Yes	Yes	Yes
	Pre-referral management	Yes	Yes	Yes	Yes	No
	Early and appropriate referral	Yes	Yes	Yes	Yes	No
	Management of minor injuries and cuts	Yes	Yes	Yes	No	No
	Wound care (including burns)	Yes	Yes	Yes	Yes	Yes
	Basic emergency care for loss of consciousness, stings, and bites (e.g. snake, dog, etc.)	Yes	Yes	Yes	Yes	Yes

Table 11a: Medical emergencies and critical care services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Advanced emergency care for acute neurologic injuries	Refer	Refer	Yes	Yes	Yes
	Advanced emergency care for cardiovascular emergencies	Refer	Refer	Yes	Yes	Yes
	Advanced emergency care for gastrointestinal emergencies	Refer	Refer	Yes	Yes	Yes
	Advanced emergency care for metabolic emergencies	Refer	Refer	Yes	Yes	Yes
	Blood transfusion services	Refer	Refer	Yes	Yes	Yes
	Advanced management of toxic ingestions/exposures	Refer	Refer	Yes	Yes	Yes
	Advanced management of acute pain	Refer	Refer	Yes	Yes	Yes
	Advanced care for acute dental emergencies	Refer	Refer	Yes	Yes	Yes
	Advanced care for ENT emergencies	Refer	Refer	Yes	Yes	Yes
	Advanced emergency care for eye emergencies	Refer	Refer	Yes	Yes	Yes

Table 11a: Medical emergencies and critical care services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Advanced management of urological emergencies	Refer	Refer	Yes	Yes	Yes
	Mass casualty management including psychological therapy and counselling	Refer	Refer	Yes	Yes	Yes
	Advanced cardiovascular life support (ACLS)	Refer	Refer	Yes	Yes	Yes
	High-dependency care	No	No	Yes	Yes	Yes
	Intensive care	No	No	Yes	Yes	Yes
	Physiotherapy services	Refer	Refer	Yes	Yes	Yes
	Local anaesthesia services	Yes	Yes	Yes	Yes	Yes
	General anaesthesia services	No	No	Yes	Yes	Yes
	Epidural/spinal anaesthesia	No	No	Yes	Yes	Yes
	Regional anaesthesia	No	No	Yes	Yes	Yes
	Mechanical ventilation (invasive and non-invasive)	No	No	Yes	Yes	Yes
Basic laboratory services	Yes	Yes	Yes	Yes	Yes	
Advanced laboratory services	Refer	Refer	Yes	Yes	Yes	

Table 11a: Medical emergencies and critical care services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Ultrasound and imaging services	Refer	Refer	Yes	Yes	Yes
	Community-based ambulance services	Yes	Yes	No	No	No
	Facility-based ambulance services	No	No	Yes	Yes	Yes
	Outpatient health education for clients	Yes	Yes	Yes	Yes	Yes
	Outpatient walk-in (no appointment) services	Yes	Yes	Yes	No	No
	Specialist outpatient appointment services	No	No	Yes	Yes	Yes
	Dispensary services	Yes	Yes	No	No	No
	Pharmacy (with Pharmacist) services	No	No	Yes	Yes	Yes

Table 11b: Surgical emergencies services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Suturing of lacerations	Yes	Yes	Yes	Yes	Yes
	Drainage of superficial abscesses	Yes	Yes	Yes	Yes	Yes
	Resuscitation with basic life support measures	Yes	Yes	Yes	Yes	Yes
	Resuscitation with advanced life support measures, including surgical airway	Refer	Refer	Refer	Yes	Yes
	Tube thoracostomy / thoracocentesis insertion of chest tube)	Refer	Refer	Yes	Yes	Yes
	Burr hole to relieve acute elevated intracranial pressure	Refer	Refer	Refer	Yes	Yes
	Management of non-displaced fractures	Refer	Refer	Yes	Yes	Yes
	Fracture reduction and placement of external fixator and use of traction for fractures	Refer	Refer	Yes	Yes	Yes
	Fracture reduction and placement of internal fixator.	Refer	Refer	Refer	Yes	Yes

Table 11b: Surgical emergencies services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Irrigation and debridement of open fractures	Refer	Refer	Yes	Yes	Yes
	Trauma laparotomy	Refer	Refer	Yes	Yes	Yes
	Trauma-related amputations	Refer	Refer	Yes	Yes	Yes
	Management of acute osteomyelitis,	Refer	Refer	Yes	Yes	Yes
	Management of chronic osteomyelitis	Refer	Refer	Yes	Yes	Yes
	Management of septic arthritis (including drainage)	Refer	Refer	Yes	Yes	Yes
	Advanced emergency care for head injuries	Refer	Refer	Refer	Yes	Yes
	Advanced management of musculoskeletal injuries including fractures, dislocations, and soft tissue injuries	Refer	Refer	Refer	Yes	Yes
	Advanced care for urological conditions and emergencies	Refer	Refer	Refer	Yes	Yes
	Advanced care for thoracic Injuries	Refer	Refer	Refer	Yes	Yes

Table 11b: Surgical emergencies services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Advanced management of wounds and burns	Refer	Refer	Refer	Yes	Yes
	Advanced care for intra-abdominal Injuries	Refer	Refer	Refer	Yes	Yes
	Advanced care for spinal injuries	Refer	Refer	Refer	Yes	Yes
	Advanced care for neck injuries	Refer	Refer	Refer	Yes	Yes
	Escharotomy/fasciotomy (cutting of constricting tissue to relieve pressure from swelling)	Refer	Refer	Yes	Yes	Yes
	Hernia repair, including emergency surgery	Refer	Refer	Yes	Yes	Yes
	Emergency laparotomy for a ruptured spleen	Refer	Refer	Yes	Yes	Yes
	Appendicectomy	Refer	Refer	Yes	Yes	Yes
	Repair of perforations (for example, perforated peptic ulcer, typhoid ileal perforation)	Refer	Refer	Yes	Yes	Yes
	Management of bowel obstruction	Refer	Refer	Yes	Yes	Yes
	Colostomy	Refer	Refer	Refer	Yes	Yes
	Hydrocelectomy	Refer	Refer	Yes	Yes	Yes

Table 11b: Surgical emergencies services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Medical Emergencies and Critical Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Medical & Surgical Emergencies	Removal of gallbladder, including emergency surgery	Refer	Refer	Refer	Yes	Yes
	Drainage of dental abscess	Refer	Refer	Yes	Yes	Yes
	Dental extraction	Refer	Refer	Yes	Yes	Yes
	Treatment of dental caries	Refer	Refer	Yes	Yes	Yes
	Cataract extraction and insertion of intraocular lens	Refer	Refer	Yes	Yes	Yes
	Eyelid surgery for trachoma	Refer	Refer	Yes	Yes	Yes
	Basic skin grafting	Refer	Refer	Yes	Yes	Yes

8.1 Rehabilitation, Palliation, & Quality Assurance

This chapter lists services and interventions in the areas of rehabilitative and disability care (Table 12a), palliative care and pain management (Table 12b), and quality assurance/improvement (Table 12c).



Table 12a: Services and interventions for rehabilitative and disability management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Rehabilitative and Disability Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Rehabilitative care	Client training, retraining, and exercise programmes that address musculoskeletal injuries and disorders, including chronic low back and neck pain (including transfer training)	Yes	Yes	Yes	Yes	Yes
	Client mobility training (including gait training)	Yes	Yes	Yes	Yes	Yes
	Lower limb, upper limb, and trunk/spine exercise programmes including joint mobilization, stretches/ range of movement, and strengthening	Yes	Yes	Yes	Yes	Yes
	Pressure area prevention and supportive seating interventions for wheelchair users	Yes	Yes	Yes	Yes	Yes
	Client upper limb functional retraining for gross and fine motor movement patterns and compensatory strategies	Yes	Yes	Yes	Yes	Yes
	Cardiac and pulmonary rehabilitation programmes	Refer	Refer	Yes	Yes	Yes

Table 12a: Services and interventions for rehabilitative and disability management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Rehabilitative and Disability Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Rehabilitative care	Breathing exercises to improve respiratory function, including sputum clearance techniques	Yes	Yes	Yes	Yes	Yes
	Basic swallow retraining/ interventions for clients	Yes	Yes	Yes	Yes	Yes
	Client training and retraining for disorders of speech, swallowing, communication, and cognition	Refer	Refer	Yes	Yes	Yes
	Cognitive interventions, including training in basic-level cognitive functions, cognitive compensatory strategies (techniques and provision of assistive products), and early stimulation for children	Refer	Refer	Yes	Yes	Yes
	Provision and client training in the use of basic assistive products (such as canes, braille displays, and other aides) and compensatory strategies needed to communicate and perform activities of daily living	Yes	Yes	Yes	Yes	Yes
	Self-care training for clients	Yes	Yes	Yes	Yes	Yes

Table 12a: Services and interventions for rehabilitative and disability management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Rehabilitative and Disability Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Rehabilitative care	Early childhood development rehabilitation interventions, including motor, sensory, and language stimulation	Refer	Refer	Yes	Yes	Yes
	Basic management of musculoskeletal and neurological injuries and disorders, such as simple exercises prescription and sling or cast provision	Refer	Yes	Yes	Yes	Yes
	Ponseti treatment of clubfoot	Refer	Refer	Yes	Yes	Yes
	Review of prosthetics, orthotics, and splints, with referral to hospital if indicated	Refer	Yes	Yes	Yes	Yes
	Upper limb positioning including slings and casting	Refer	Yes	Yes	Yes	Yes
	Mobilization activities following acute injury or illness	Refer	Refer	Yes	Yes	Yes

Table 12a: Services and interventions for rehabilitative and disability management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Rehabilitative and Disability Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Rehabilitative care	Initial assessment, prescription, and provision of individualized interventions for musculoskeletal, cardio-pulmonary, neurological, speech and communication, and cognitive deficits, including training in preparation for discharge	Refer	Refer	Yes	Yes	Yes
	Post amputation management including stump care and limb positioning	Refer	Refer	Yes	Yes	Yes
	Scar and contracture management, to optimize range of movement	Refer	Refer	Yes	Yes	Yes
	Prescription of customized speech, cognitive, and communication techniques	Refer	Refer	Yes	Yes	Yes
	Fabrication, fitting, and training in the use of a prosthesis	Refer	Refer	Yes	Yes	Yes
	Splinting and orthosis for upper limb, lower limb, and spine immobilization, and stability	Refer	Refer	Yes	Yes	Yes

Table 12a: Services and interventions for rehabilitative and disability management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
Rehabilitative care	Rehabilitative and Disability Care Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
	Post-operative splinting and orthosis	Refer	Refer	Yes	Yes	Yes
	Compression therapy for amputations, burns, and vascular or lymphatic disorders	Refer	Refer	Yes	Yes	Yes
	Assessment, provision, and training in the use of assistive products, including assistive devices for hearing	Refer	Refer	Yes	Yes	Yes
	Functional interventions for self-care	Refer	Refer	Yes	Yes	Yes

Table 12b: Services and intervention for palliative care and pain management

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE				
		Primary			Secondary	Tertiary
	Palliative care and pain management services / interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital
Palliative care	Psychosocial support and counseling services for individuals with serious, complex, or life-limiting health problems and their caregivers	No	Yes	Yes	Yes	Yes
	Essential palliative care and pain control measures, including oral immediate-release morphine and medicines for associated symptoms	No	Yes	Yes	Yes	Yes
	Expanded palliative care and pain control measures, including prevention and relief of all physical and psychological symptoms of suffering	No	Yes	Yes	Yes	Yes
	Prevention and relief of refractory suffering and acute pain related to surgery, serious injury, or other serious, complex, or life-limiting health problems	No	No	Yes	Yes	Yes
	Home visitation by nurses and physicians trained in basic palliative care, as needed.	Yes	Yes	Yes	Yes	Yes

Table 12c: Quality assurance/improvement services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE					
		Primary			Secondary	Tertiary	National
	Quality Assurance/ Improvement Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital	MoH/GHS HQ
Quality Assurance/ Quality Improvement	Quality management units and teams	Yes	Yes	Yes	Yes	Yes	Yes
	Development, adaptation, and use of clinical protocols, standards and guidelines	Yes	Yes	Yes	Yes	Yes	Yes
	Customer care	Yes	Yes	Yes	Yes	Yes	Yes
	Service quality monitoring	Yes	Yes	Yes	Yes	Yes	Yes
	Supportive supervision	Yes	Yes	Yes	Yes	Yes	Yes
	Clinical audits	Yes	Yes	Yes	Yes	Yes	Yes
	Maternal death audit	Yes	Yes	Yes	Yes	Yes	Yes
	Perinatal death audit	Yes	Yes	Yes	Yes	Yes	Yes
	Peer-to-peer reviews	Yes	Yes	Yes	Yes	Yes	Yes
	Rational prescription and use of medicines surveys	Yes	Yes	Yes	Yes	Yes	Yes
	Management of mild adverse drug reactions	Yes	Yes	Yes	Yes	Yes	Yes
	Treatment of serious adverse drug reactions	Refer	Refer	Yes	Yes	Yes	Yes
	Infection prevention and control (IPC)	Yes	Yes	Yes	Yes	Yes	Yes
	Water, sanitation and hygiene (WASH)	Yes	Yes	Yes	Yes	Yes	Yes

Table 12c: Quality assurance/improvement services and interventions

CORE AREA	SERVICES/ INTERVENTIONS	LEVEL OF CARE					
		Primary			Secondary	Tertiary	National
	Quality Assurance/ Improvement Services and Interventions	CHPS	Health Centre	District Level/ Primary Hospital	Regional Level/ Secondary Hospital	Tertiary Hospital	MoH/GHS HQ
Quality Assurance/ Quality Improvement	Client/patient referral (Counselling, communication, pre-referral treatment, accompaniment, feedback, etc.)	Yes	Yes	Yes	Yes	Yes	No
	Patient/client satisfaction surveys	Yes	Yes	Yes	Yes	Yes	Yes

Bibliography

1. Ministry of Health (2020). Ghana's Roadmap for attaining Universal Health Coverage 2020-2030. Ministry of Health, Accra, Ghana.
2. Ministry of Health (2020). National Health Policy: Ensuring healthy lives for all. Revised Edition, January 2020. Ministry of Health, Accra, Ghana.
3. World Health Organization (WHO) Regional Office for Africa (2018). Deriving an essential health package in the WHO African Region: A country toolkit for action. Leaving no one behind in Africa. WHO Regional Office for Africa, Brazzaville.
4. Ghana Statistical Service (GSS) (2021). 2021 Population and Housing Census (PHC). A Preliminary Report. Available at: www.census2021.statsghana.gov.gh. Accessed 02 October 2021.
5. World Bank (2020). Ghana COVID-19 Emergency preparedness and Response Project; March 27, 2020.
6. USAID/Ghana (2020). USAID/Ghana Country Development Cooperation Strategy (CDCS) 2020-2025. Available at: <https://www.usaid.gov>.
7. Ministry of Health (2017). A final draft Report: Ghana Health Sector Medium Term Development Programme (HSMTDP) 2018-2021. Ministry of Health, Accra-Ghana.
8. Ghana WCO CSS III (2019). The WHO Third Generation Country Cooperation Strategy (CCS). WHO Country Office for Ghana, Accra-Ghana.
9. Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF (2018). Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, and ICF.
10. GHS / MoH (2014). Ghana: National Reproductive Health Service Policy and Standards: Third Edition, December 2014.
11. Ministry of Health/Ghana Health Service (2019). National Newborn Health Strategy and Action Plan (2019-2023). Ministry of Health, Accra, Ghana.
12. Ministry of Health/Ghana Health Service (2019). Child Health Standards and Strategy (2017-2025). Ministry of Health, Accra, Ghana.
13. Fronczak N, Chitashvili T, Opoku E, Sagoe-Moses I, Kauder S. (2019). Ghana Situational Analysis of Inpatient Care of Sick Newborns and Young Infants. Technical Report. Published by USAID ASSIST Project. Chevy Chase, MD: University Research Co., LLC (URC). Available at www.usaidassist.org.
14. World Health Organization (2019). Survive and thrive: transforming care for every small and sick newborn. Geneva: World Health Organization; 2019. ISBN 978-92-4-151588-7.
15. WHO (2019). Early Childhood Development Country Profile: Ghana (2019). Countdown to 2030 women's, children's and adolescent health. <https://nurturing-care.org/wp-content/uploads/2019/09/Ghana.pdf>.
16. Ghana Micronutrient Survey (2017). University of Ghana, GroundWork, University of Wisconsin-Madison, KEMRI-Wellcome Trust, UNICEF. Ghana Micronutrient Survey 2017. Accra, Ghana; 2017
17. Ministry of Health (2016). Ghana Burden of Disease Study—2016: Using latest available data from 2013. Final Interim Report. MoH, Accra, Ghana.
18. National Malaria Control Programme, Ghana Health Service (2020): Malaria Strategic Plan 2021-2025. NMCP, Accra, Ghana.
19. Ghana AIDS Commission (2019). National and sub-national HIV and AIDS Estimates and Projections; 2019 Report. Ghana AIDS Commission, Under the Office of the President, Accra-Ghana.

Bibliography

20. Ministry of Health (2021): The National Tuberculosis Health Sector Strategic Plan for Ghana 2021-2025. Ministry of Health, Accra, Ghana.
21. The Oxford Textbook of Global Public Health Sixth Edition; 2015. The Oxford University Press, Oxford, UK.
22. Agyemang C, Meeks K, Beune E, Owusu-Dabo E, et al. (2016). Obesity and type 2 diabetes in sub-Saharan Africans – Is the burden in today’s Africa similar to African migrants in Europe? The RODAM study. *BMC Medicine* 14:166; DOI 10.1186/s12916-016-0709-0.
23. Laryea DO, Baffour Awuah B, Amoako YA, et al. (2014). Cancer incidence in Ghana, 2012: evidence from a population-based cancer registry. *BMC Cancer* 2014 14:362.
24. Doris Dansua Sasu (2021). Transportation-related injuries and deaths in Ghana 2020. <https://www.statista.com/statistics/1197163/road-traffic-deaths-and-injuries-in-ghana>. Accessed 09 Oct 2021, 5.10 p.m.
25. Ministry of Health Ghana (2018). Mental Health Policy 2019-2030: Ensuring a mentally healthy population. Ministry of Health, Accra, Ghana.
26. MoH Ghana (2020). National Strategic COVID-19 Response Plan: Period July 2020-December 2024
27. GHS (2021). COVID-19 Ghana’s outbreak response management updates. Available at COVID-19 Updates | Ghana (ghs.gov.gh).
28. MoH Ghana (2016). Primary Care in Ghana: Package of Health Services. Draft Report, Ministry of Health, Accra-Ghana.
29. Heleen Vellekoop and Emmanuel Odame (2019). An Economic Evaluation Considering the Benefits Package of The National Health Insurance Scheme in Ghana. Ministry of Health, Accra, Ghana.
30. NHIS Ghana, 2020: www.nhis.gov.gh/News/nhis-active-membership.soars-5282.

Appendices

Appendix 1: List of EHSP Steering Committee Members

Name	Organization	Designation	Position
Hon. Kwaku Agyeman-Manu	MoH	Minister for Health	Chairman
Mr. Kwabena Boadu Oku-Afari	MoH	Chief Director	Member
Dr. Emmanuel A. Odame	MoH	Director, PPMED	Member
Dr. Martha Gyansa-Lutterodt	MoH	Director, Technical Coordination Directorate	Member
Dr. Patrick Kuma-Aboagye	GHS	Director-General	Member
Dr. Anthony Oforu	GHS	Deputy Director-General	Member
Dr. Alberta Britwum Nyarko	GHS	Director, PPMED	Member
Dr. Lydia Dsane Selby	NHIA	CEO	Member
Mrs. Vivian Addo-Cobbiah	NHIA	Deputy CEO	Member
Dr. Peter Yeboah	CHAG	Executive Director	Member
Dr. Isaac Morrison	SPMDP	Immediate Past President	Member
Dr. Sofonias Asrat	WHO	Health Economist	Member
Dr. Francis Chisaka Kasolo	WHO	WHO Representative	Member
Dr. Priscilla Wobil	UNICEF	Health Specialist	Member
Dr. Michele Schaan	USAID/Ghana	Health Systems Strengthening Lead	Member
Dr. Chris Atim	R4D HSSA	Chief of Party	Member
Dr. Maureen Martey	MoH	Public Health Specialist	Secretary

Appendices

Appendix 2: List of Key Stakeholders Consulted Prior to EHSP drafting

Organization	Stakeholder	Designation
Ministry of Health	Dr. Emmanuel A. Odame	Director of Policy, Planning, Monitoring, and Evaluation Directorate
	Dr. Martha Gyansa Lutterodt	Director, Technical Coordination Directorate
	Mr. Ben Nkansah	Director, Infrastructure Directorate
	Dr. Maureen Martey	Head, Bilateral & Domestic Resource Mobilization, Public Health Specialist
	Dr. Ernest Asiedu	Head, Quality Management Unit
	Mr. Benjamin Nyakutsey	Head, Policy Coordination Unit
	Mr. Daniel Degbotse	Head, M&E
	Dr. Baffour Awuah	Director, Medical & Dental, and Special Advisor to the Minister of Health
Ghana Health Service	Dr. Patrick Kuma-Aboagye	Director-General
	Dr. Anthony Oforu	Deputy Director-General
	Dr. Koku Awoonor-Williams	Director of PPMED
	Dr. Badu Sarkodie	Director of Public Health
	Dr. Samuel Kaba Akoriyea	Director of Institutional Care Division
	Dr. Isabella Sagoe-Moses	Deputy Director, RCH
	Dr. Kofi Issah	Director of Family Health Division
	Dr. Ama Boadu	Deputy Director, Mental Health
	Dr. Mary Eyram Ashinyo	Deputy Director, Quality Assurance
	Mr. Kwame Bimpeh	Regional Health Information Officer; ER
Mr. Stephen Bordortiah	District Director of Health Services; UER	
National Health Insurance Authority	Dr. Lydia Dsane-Selby	Chief Executive Officer
	Ms. Vivian Addo Cobbiah	Deputy CEO

Appendices

Appendix 2: List of Key Stakeholders Consulted Prior to EHSP drafting

Organization	Stakeholder	Designation
Mental Health Authority	Dr. Caroline Reindorf Amissah	Deputy CEO
World Health Organization (WHO)	Dr. Sofonias Asrat	Health Systems Strengthening Lead
	Mr. Kingsley Addai Frimpong	Health Financing Officer
UNICEF	Dr. Peter Baffoe	Health Specialist
	Dr. Priscilla Wobil	Health Specialist
USAID	Dr. Michelle Schaan	Health Systems Strengthening Lead
Health Facility Regulatory Agency	Dr. Phillip Bannor	Chief Executive Officer
Christian Health Association of Ghana	Dr. Peter Yeboah	Executive Director
Korle-Bu Teaching Hospital	Dr. Emmanuel Asare	Chief Executive Officer
	Prof. Lorna Awo Renner	Consultant Oncologist
	Dr. Opoku Ware Ampomah	Consultant Plastic and Reconstructive Surgeon
	Mrs. Serwaa Amoah	Nurse Manager
	Dr. Samuel Osei Nketiah	Paediatric Surgeon
Komfo Anokye Teaching Hospital	Dr. Oheneba Owusu Danso	Chief Executive Officer
	Dr. Adabie Appiah	Consultant Pediatric Intensivist
	Dr. Shirley Phillis Owusu-Ofori	Blood Transfusion Specialist
	Dr. Maxwell Ampofo-Osei	Trauma and Emergency Specialist
	Dr. Abena Tanor	Family Health (Rehabilitation) Specialist
Tamale Teaching Hospital	Dr. Kareem Mumuni	Ag. CEO
HSSA Team	Dr. Chris Atim	Chief of Party
	Dr. Linda Vanotoo	Director
	Ms. Adwoa Twum	Senior Programme Officer
	Mrs. Elizabeth Hammah	Senior Programme Officer
Society of Private Medical and Dental Practitioners	Dr. Isaac Morrison	Immediate Past President

Appendices

Appendix 3: EHSP Technical Working Group (TWG)

Name	Organization
Dr. Emmanuel A. Odame	MoH
Prof. Ahmed Zakariah	NAS
Mr. Dan Degbotse	MoH
Dr. Maureen Martey	MoH
Dr. Ernest Asiedu	MoH
Mr. Solomon Laryea	MoH
Mrs. Thelma Jennifer Jakalia	MoH
Ms. Selina Dussey	MoH
Ms. Rachael Maglo	MoH
Mr. Nicholas Nyagblornu	MoH
Mr. Ibrahim Abdul-Mumin	MoH
Dr. Maxwell Osei-Ampofo	KATH
Dr. Shirley Owusu-Ofori	KATH
Dr. Abena Tannor	KATH
Dr. Kwame Anim-Boamah	UGMC
Dr. Edwina Opare-Lokko	GCPS/GARH
Dr. Adwoa Agyemang-Benneh	NHIA
Ms. Vivian Addo-Cobbiah	NHIA
Dr. Caroline R. Amissah	MHA
Mr. Nkansah Owiredu	MHA
Dr. Samuel Kaba Akoriyea	GHS/ICD
Dr. Lawrence Lartey	GHS/PHD
Dr. Jacob Abebrese	GHS/ICD
Dr. Stephen Ayisi Addo	GHS/NACP
Mr. Mahama Seidu	GHS/HPD
Dr. Amma Boadu	GHS/ICD

Appendices

Appendix 4: List of Draft EHSP Reviewers

Core Area	Reviewer	Profile
Family and Reproductive Health	Dr. Sylvia Deganus	Consultant Obstetrician-Gynaecologist and Public Health Specialist
Prevention, control, and management of major communicable diseases	Dr. Sardick Kyei Faried	Public Health Consultant and formerly Deputy Director of Disease Prevention and Control, Ghana Health Service
Prevention, control, and management of the NCDs and mental ill-health	Prof. Ellis Owusu-Dabo	Professor of Epidemiology and Global Health, School of Public Health, KNUST
Prevention and management of Public Health Emergencies	Dr. Badu Sarkodie	Public Health Consultant and formerly Director of Public Health Division, Ghana Health Service
Clinical care services and Emergencies	Dr. Cynthia Bannerman	Consultant Pediatrician and Public Health Specialist
Cross-cutting services and interventions	Dr. Godwin Afenyadu	Public Health Consultant
Draft Version 2	Dr. George Amofah	Public Health Consultant
Draft Version 2	Dr. Kafui Senyah	Technical Officer (HIV, TB, Hepatitis), WHO Ghana Office
Editorial review of final version	Dr Gloria Quansah Asare	Public Health Consultant

Appendices

Appendix 5: EHSP Experts Group

Name	Organization
Dr. Emmanuel A. Odame	Ministry of Health
Dr. Anthony A. Ofosu	Ghana Health Service
Dr. George Amofah	PATH
Dr. Sylvia Deganus	Maritime Hospital, Tema
Dr. Cynthia Bannerman	Accra College of Medicine
Dr. Isabella Sagoe-Moses	Ghana Health Service
Dr. Nihad Salifu	Greater Accra Regional Hospital
Dr. Wallace Odiko-Ollenu	Ghana Health Service
Dr. Priscilla Wobil	UNICEF
Dr. Maureen Martey	Ministry of Health
Dr. Amma Boadu	Ghana Health Service
Dr. Caroline R. Amissah	Mental Health Authority
Mr. Daniel Degbotse	Private Consultant
Mr. Solomon Laryea	Ministry of Health
Dr. Azumah Abdul-Tawal	Ghana Health Service
Mr. Nicholas Nyagblornu	Ministry of Health
Ms. Rachael Maglo	Ministry of Health
Mr. Ibrahim Abdul Mumin	Ministry of Health



2022
Ministry of Health
Ghana