

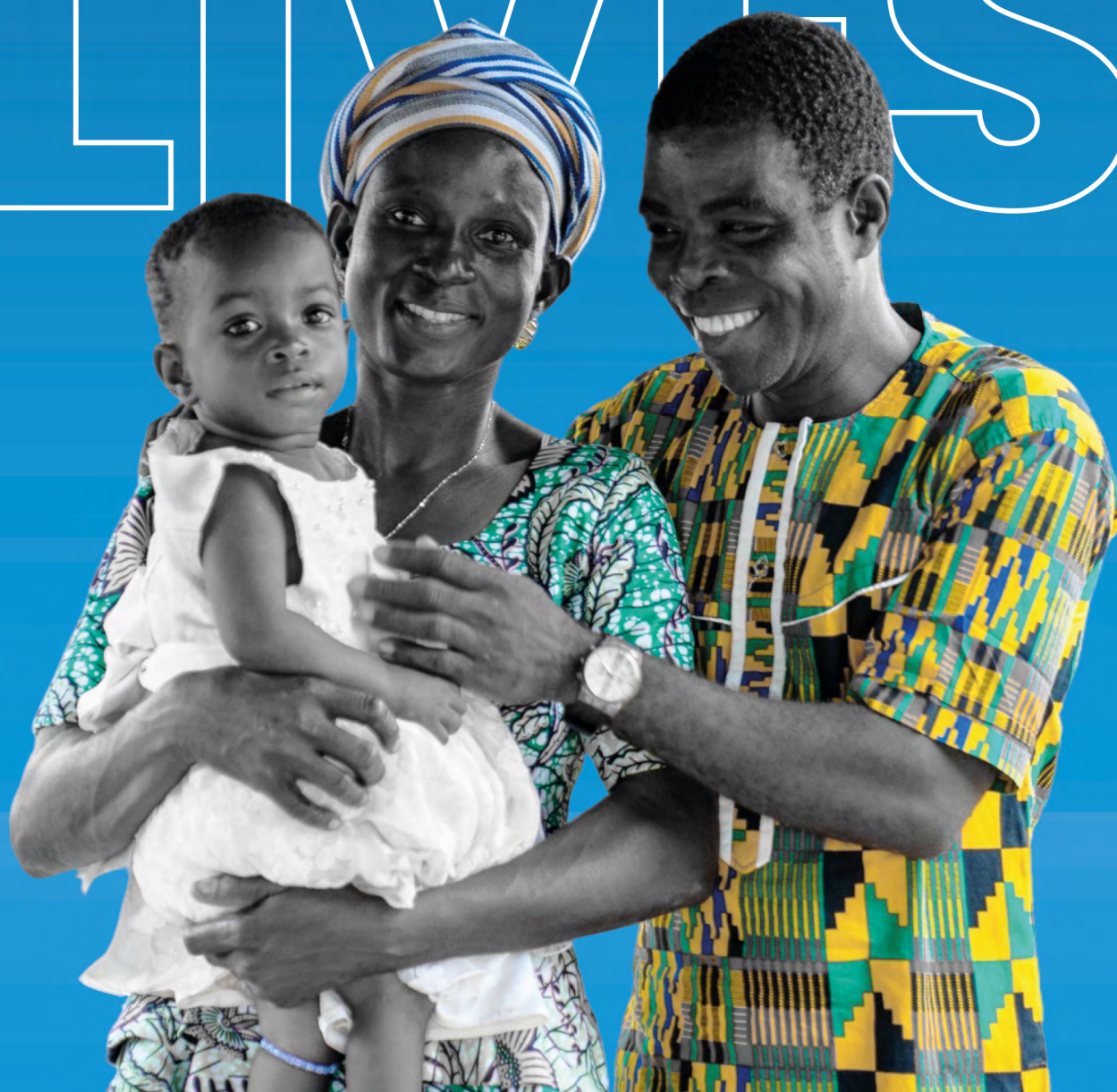


World Health
Organization
Ghana

ANNUAL REPORT 2025

ADVANCING HEALTH
PROTECTING

LIVES





World Health
Organization

Ghana



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FOREWORD



Dr Fiona Braka
WHO Representative, Ghana

2025 marked a pivotal year for Ghana's health sector—one defined by continued transformation, renewed commitment to equity, and strengthened collaboration locally and internationally. It was also my first year serving as the WHO Representative to Ghana, a role I embraced with enthusiasm and appreciation for the opportunity during a transformative period.

Ghana's ongoing reset reforms, anchored in the pursuit of Universal Health Coverage (UHC), health sovereignty and institutional resilience, set a bold pace. Throughout the year, the WHO Country Office worked closely with national authorities and partners to translate these priorities into measurable progress.

Together, we supported evidence-driven policy development, advanced surveillance and response capacities, expanded access to essential health services, accelerated the control of noncommunicable diseases, and strengthened systems to reach the most vulnerable populations. Multisectoral engagement and the One Health approach were also reinforced to promote better health outcomes. These efforts are helping to save lives and build a more resilient health system in Ghana.

The year was not without challenges. Shifts in global health financing, persistent public health threats, and operational pressures demanded agility and innovation. Yet I was encouraged by the steadfast dedication shown by partners across sectors, including government, development agencies, civil society, academia, and communities, to ensure that health remained a national priority.

This report reflects the collective efforts of the Government of Ghana, WHO, and an expanding network of national and international partners to build a resilient, equitable, and people-centred health system capable of responding to both current and emerging health challenges.

As we enter 2026, the WHO Country Office remains committed to supporting Ghana's health agenda with renewed energy, technical excellence, and strategic alignment with the Fourteenth General Programme of Work (GPW14) and national priorities. Our focus will remain on promoting health, strengthening systems, and reinforcing health security.

I am deeply grateful to the Government of Ghana, our United Nations (UN) and development partners, civil society, and the communities we serve. Most importantly, I extend my sincere appreciation to the dedicated staff of the WHO Ghana Country Office, whose commitment and professionalism make our achievements possible.





LIST OF ACRONYMS

AFP	Acute Flaccid Paralysis
AMMREN	African Media and Malaria Research Network
AVMA	African Vaccine Manufacturing Accelerator
AVW	African Vaccination Week
CCM	Country Coordinating Mechanism
CCS	Country Cooperation Strategy
CHAG	Christian Health Association of Ghana
CHIM	Centre for Health Information Management
CHPW	Child Health Promotion Week
DHA	Digital Health Atlas
DHIMS2 / DHIS2	District Health Information Management System 2
DHS	Demographic and Health Survey
ECHO	European Civil Protection and Humanitarian Aid Operations
ENA	Essential Nutrition Actions
EPG	External Relations, Partnerships and Governance
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness and Response
FCDO	Foreign, Commonwealth & Development Office
FPHC	Free Primary Health Care
GHS	Ghana Health Service
gHAT	Gambiense Human African Trypanosomiasis
GMTF	Ghana Medical Trust Fund
GPW13 / GPW14	WHO General Programme of Work (13th/14th)
GSS	Ghana Statistical Service
HEAT Plus	Health Equity Assessment Toolkit Plus
HPV	Human Papillomavirus
HSMTDP	Health Sector Medium-Term Development Plan
ICG	International Coordinating Group
IDSR	Integrated Disease Surveillance and Response
IIP	Immunization in Practice
IMS	Incident Management System
JEE	Joint External Evaluation
MAC	Multi-Age Cohort
MHPSS	Mental Health and Psychosocial Support

MLM	Mid-Level Management
MIRA	Multi-Sector Initial Rapid Assessment
NADMO	National Disaster Management Organization
NAPHS	National Action Plan for Health Security
NDPC	National Development Planning Commission
NITAG	National Immunization Technical Advisory Group
NMIMR	Noguchi Memorial Institute for Medical Research
NTD	Neglected Tropical Diseases
PHC	Primary Health Care
PHQ-4	Patient Health Questionnaire-4
PIE	Post-Introduction Evaluation
PLWD	Persons Living with Disabilities
PPD	Post-Partum Depression
QoC	Quality of Care
RDT	Rapid Diagnostic Test
SORT IT	Structured Operational Research and Training Initiative
STEPS	WHO STEPwise NCD Surveillance Survey
TB	Tuberculosis
TOR	Terms of Reference
TWG	Technical Working Group
UHC	Universal Health Coverage
VPDs	Vaccine-Preventable Diseases
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY



In 2025, Ghana made substantial strides toward Universal Health Coverage, stronger health security, and improved population health—supported by WHO’s technical leadership and multisectoral partnerships. The year delivered major achievements in immunization, disease control, health systems strengthening, and emergency preparedness.

Ghana expanded access to life-saving vaccines, including nationwide HPV vaccination, deployment of Oral Cholera and Mpox vaccines, and the successful integration of the R21 malaria vaccine into routine immunization. Childhood immunization remained strong, with over one million children receiving Penta3, while targeted cholera and Mpox campaigns exceeded 93% and 97% coverage respectively. Surveillance for priority diseases improved through enhanced diagnostics, expanded field investigations, and deployment of surveillance officers. WHO further strengthened HIV, TB, and Hepatitis programmes by supporting digital innovations, improving treatment continuity, expanding harm-reduction services, and driving integrated planning to accelerate progress toward ending these epidemics.

Progress in non-communicable diseases was driven by the rollout of the NCD e-tracker in 120 facilities, training of more than 450 health workers, completion of the D-CARD baseline assessment, and expansion of patient self-care programmes benefiting over 500 people. Maternal mental health gained national prominence through policy development, and school health systems were revitalized with new evidence and adolescent-led initiatives.

Significant system-wide reforms advanced Ghana’s UHC agenda. The first national Quality of Care evidence base and the Health Inequality Monitoring Report enhanced accountability, while the draft Health Sector Medium-Term

Development Plan (2026–2029) strengthened equity-focused planning. WHO supported the development of policy frameworks for Free Primary Health Care, the Ghana Medical Trust Fund, and health workforce reforms including migration policy, investment planning, and leadership development. Updated Essential Nutrition Actions expanded from 7 to 58 interventions, reflecting a major step forward in multisectoral nutrition programming.

Emergency preparedness and response capacities also advanced. Decentralized Mpox diagnostics reduced turnaround time from 10 days to two; 226 laboratory scientists were trained; community engagement frameworks were updated; and the Pandemic Fund Steering Committee was operationalized. Ghana successfully completed its second Joint External Evaluation, setting the stage for a costed National Action Plan for Health Security. WHO also provided hands-on support for meningitis, cholera, and Mpox outbreaks.

Healthier-population initiatives deepened evidence on climate-sensitive health risks, advanced WASH-in-health-care-facilities reforms, and strengthened the mainstreaming of gender, equity, and disability inclusion. WHO also bolstered communication, partnerships, and resource mobilization, engaging 49 partners, preparing 18 investment-ready proposals, and achieving 100% timely donor reporting.

Overall, 2025 was a year of strong national leadership and coordinated action. With WHO’s support, Ghana strengthened its health system foundations, protected health security, and advanced toward a future in which all people have equitable access to quality, resilient, and community-centred health services.



2025 KEY ACHIEVEMENTS



Immunization & Disease Control



1.8 million girls

were reached through a nationwide HPV vaccination campaign to prevent cervical cancer.



Over 1 million

children received the Penta3 vaccine (99%), maintaining high routine immunization coverage.



97% and 93%

coverage rates were achieved respectively in reactive vaccination campaigns for Mpox and Oral Cholera.



Full integration

of the R21 malaria vaccine into routine services was completed to reduce childhood mortality.



88.5% fully immunized

National coverage survey completed.



HIV, Tuberculosis, and Hepatitis



92.5% success

rate (SVR) was achieved for 958 patients who began decentralized Hepatitis C curative treatment.



190,000+

people are now receiving Antiretroviral Therapy (ART), up from 157,000 in 2024.



63% viral load

testing coverage was reached (a 13% increase from 2024), with 90% of those tested achieving viral suppression.



29% reduction

in TB mortality and a 21% decline in TB incidence have been recorded since 2015.



Health Systems & Digital Transformation



120 health

facilities now utilize the newly rolled-out NCD e-tracker, supported by 450 trained health workers.



58 targeted

interventions are now included in the updated Essential Nutrition Actions (ENA) framework, up from 7.



37 core

indicators were analyzed in the Health Inequality Monitoring Report to identify and bridge gaps in service delivery



100%

of the National Health Insurance Scheme (NHIS) benefit package was reviewed to align with the Universal Health Coverage (UHC) roadmap.



FDA maturity level 3

maintained



Emergency Preparedness & Response



2 days

is the new turnaround time for Mpox diagnostics (down from 10 days) due to decentralized laboratory testing.



226 laboratory

scientists were trained and deployed to strengthen national emergency response and sample management.



2nd

Joint External Evaluation (JEE) was successfully completed, providing the data needed for the National Action Plan for Health Security.



Strategic Partnerships & Resource Mobilization



USD \$19 million

in funding was sought through 19 high-impact proposals submitted to global health donors.



49 distinct

partners were engaged across 116 bilateral and multi-partner sessions to coordinate the national health agenda.



100% compliance

was maintained for all donor technical and financial reporting, ensuring transparency and continued investment.



USD \$2.5 million

secured to support priority health interventions and strengthen access to essential health services.



01

HEALTH PROMOTION, **DISEASE PREVENTION AND CONTROL (HPDPC)**

In 2025, WHO Ghana strengthened control of communicable and noncommunicable diseases through targeted, high-impact interventions. Immunization improved, with over 1 million children receiving Penta3 (99%) and nationwide HPV vaccine introduction reaching 1.8 million girls. Surveillance capacity expanded through decentralized Mpox testing, stronger AFP surveillance, and improved viral load reporting. Hepatitis services achieved

high cure rates and increased decentralization. For NCDs, rollout of the e-tracker in 120 facilities enhanced real-time monitoring, while D-CARD assessments guided planning through a new digital dashboard. Progress in climate and health, nutrition, WASH, and gender/disability inclusion advanced healthier populations and strengthened community resilience.

1.1. HIV/TB/HEPATITIS

1.1.1. Hepatitis Response in Ghana

In 2025, Ghana advanced its hepatitis elimination agenda through expanded decentralized screening, diagnosis, and treatment, with a strong focus on high-burden northern regions. Over 400 healthcare workers were trained across five northern regions, enabling local initiation of care and contributing to 958 people starting curative Hepatitis C treatment, 92.5% of whom achieved sustained virologic response—demonstrating excellent treatment success.



Photo 1: A section of healthcare workers training on Hepatitis C care and treatment

World Hepatitis Day 2025 amplified public awareness through national media engagements, community outreach activities, a press briefing, and the orientation of 130 media personnel. A major milestone was the successful development and approval of Ghana's **GAVI application for the Hepatitis B birth dose**, expected to significantly accelerate prevention efforts.

The WHO Country Office played a catalytic role by providing technical guidance, coordinating partners, and supporting implementation, monitoring, and quality assurance. Key partners included **GILEAD**, which supported training through a grant to the University of Cape Coast, and the **Government of Egypt**, which donated Hepatitis C medications.

Lessons highlight the importance of sustaining decentralized models of care, ensuring reliable access to diagnostics and treatment, and scaling community outreach. Continued partner coordination especially following the approved GAVI Hep B birth dose application will be essential to accelerating progress toward viral hepatitis elimination.

Hepatitis C treatment success (SVR) reached 92.5% among 958 patients.



Over 400

healthcare workers were trained across five northern regions,



130

media personnel.



958 people

starting curative Hepatitis C treatment



92.5%

of whom achieved sustained virologic response—demonstrating excellent treatment success.

1.1.2. Harm Reduction for PUD/PWID in Ghana

In 2024-2025, Ghana made significant progress in reducing HIV and viral hepatitis transmission among people who use drugs (PUDs) and people who inject drugs (PWIDs) through a more coordinated, evidence-driven harm reduction programme. A major achievement was the development of the country's first National Harm Reduction Guidelines for PUD/PWID, providing a unified framework for health, social, and community-based services. Routine data systems were strengthened through the

refinement of standardized monitoring tools and SOPs with the Ghana AIDS Commission, improving the quality of reporting on outreach, service uptake, and health outcomes.

The inaugural Integrated Bio-Behavioural Surveillance Survey (IBBSS) generated Ghana's first population estimates for PUD and PWID, closing a critical data gap and enabling targeted resource allocation. Integration of Hepatitis C testing into harm reduction outreach enhanced early case detection and linkage to treatment.



Photo 2: Focus group discussion with peer navigators for harm reduction program during a field visit

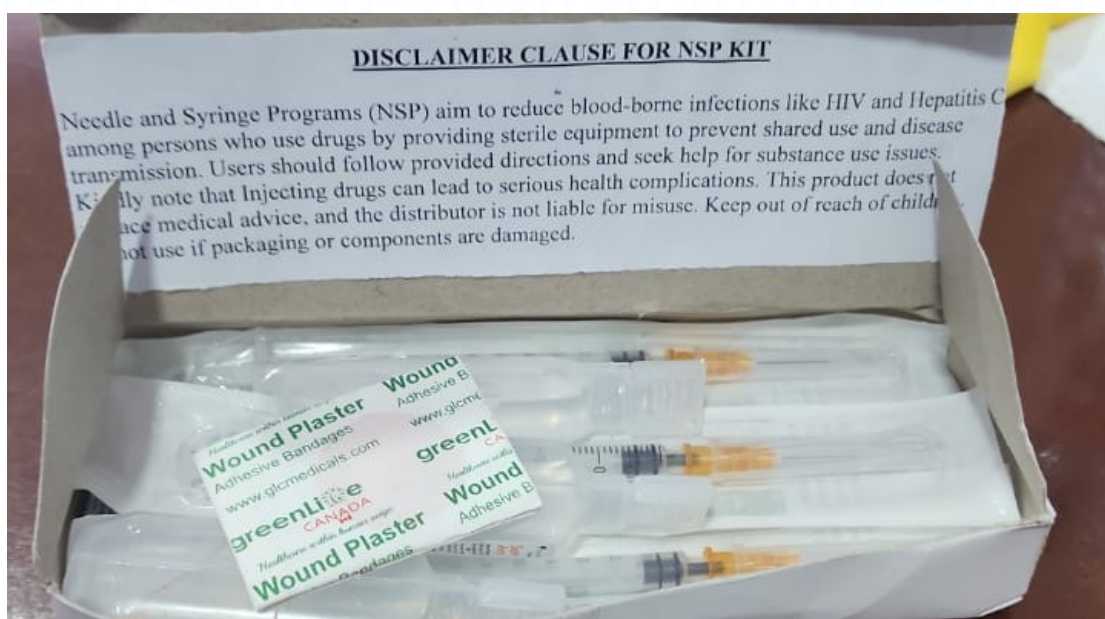


Photo 3: A Needle and Syringe Kit used for harm reduction intervention for PUD

WHO provided catalytic technical leadership across the process, supporting guideline development, facilitating stakeholder consultations, strengthening M&E systems,

and ensuring methodological rigor in the IBBSS. These contributions advanced a people-centred, evidence-based response aligned with GPW13 and CCS priorities.

1.1.3. HIV and TB Digital Data Systems

In 2025, Ghana enhanced HIV and TB programme performance by upgrading the national e-Tracker system to improve the quality, timeliness, and use of real-time data for decision-making. The phased rollout of barcode-enabled viral load reporting reduced transcription errors, accelerated result turnaround, and enabled the testing and return of viral load results for over 120,000 clients. This contributed to **63%** viral load testing coverage compared to **50%** in 2024 and over **90%** viral suppression, marking a major milestone for epidemic control. The upgraded platform now supports full disaggregation of results by age, sex, geography, and key populations, improving precision targeting. The country has also linked all viral load PCR machines and as well as over 100 GeneXpert machines to the e-tracker, enabling automatic return of viral

load and TB results to the requesting clinician. The pilot of an offline version of the e-Tracker demonstrated a solution for long-standing data backlog challenges. WHO provided strategic and technical leadership to ensure alignment with national digital health priorities, working with UNICEF, UNAIDS, and national stakeholders to support system redesign, testing, and deployment. WHO funded and coordinated the offline pilot across four regions and trained over 200 healthcare workers to strengthen data quality and analytics capacity.

Sustained investment in digital infrastructure, data interoperability, and nationwide scale-up of the offline solution will be essential to consolidate gains and accelerate progress toward national HIV and TB control targets.



over 120,000
clients.



over 100
GeneXpert machines to
the e-tracker,

1.1.4. Linkage and Retention on ART

In 2025, Ghana intensified efforts to improve linkage and long-term retention on antiretroviral therapy (ART) as a core pathway toward HIV epidemic control. The national Back-to-Care campaign used routine programme data to identify clients with missed appointments or treatment interruptions, enabling targeted

follow-up, peer psychosocial support, and community-led re-engagement. These efforts contributed to a significant increase in the number of people on ART (from 157,000 in 2024 to more than 190,000 in 2025) reflecting major gains in continuity of care.

Complementing this, the refined GC7 community cadre model mobilized 800 PLHIV and 100 TB-affected individuals to provide peer support, strengthen tracing, and promote person-centred care. This community-anchored approach enhanced treatment adherence and reduced loss to follow-up. WHO played a strategic role by providing technical assistance to analyse national viral load, retention, and appointment data; guided the development of sub-national

feedback mechanisms; and supported data quality improvement. WHO also supported the refinement and nationwide rollout of the GC7 community cadre model, including CSO selection and capacity building.

Lessons highlight the need for sustained investment in peer-led systems, stronger integration of community cadres into facility operations, and continued expansion of differentiated service delivery to sustain progress toward epidemic control.

	<p>800 PLHIV</p>		<p>100 TB-affected individuals to provide peer support,</p>
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1.1.5. The National TB Response

In 2025, Ghana advanced its TB elimination agenda by updating national policies, strengthening diagnostic capacity, and improving programme monitoring. A comprehensive suite of revised national TB guidelines covering the drug-susceptible TB, drug-resistant TB, paediatric TB, TB preventive therapy, community-based TB care, and laboratory diagnostics, was finalized, ensuring consistency with global standards and improving quality of care nationwide. Expanded training, including remote radiological reporting delivered with UNICEF, enhanced diagnostic accuracy and case management across regions. Programme performance remained strong, with treatment success rates above 85%, alongside a 21% decline in TB incidence and 29% reduction in TB mortality compared to 2015, demonstrating sustained progress toward national TB elimination goals.

WHO led the TB guideline development by

coordinating experts, facilitating stakeholder and Technical Working Group meetings, and ensuring alignment with WHO standards. Funding from L'Initiative enabled the technical work and engagement needed. WHO also strengthened programme monitoring through M&E support and data-quality reviews which enabled regular feedback to sub-national teams. Collaboration with UNICEF expanded healthcare worker training and improved access to remote radiological interpretation. Together, these efforts reinforced national TB policy, improved diagnostic and treatment quality, and advanced the End TB Strategy and Ghana's Country Cooperation Strategy.

Key lessons highlight the need for continuous capacity building, expanded digital radiology, and timely dissemination of updated guidelines. Sustained partner collaboration will be essential to scale community TB interventions and accelerate early detection and treatment.

1.1.6. Evaluation of TB/HIV Strategic Plan and Development of the Integrated 2026–2030 TB/HIV National Strategic Plan

In 2025, Ghana completed the end-term evaluation of the 2020–2025 HIV and TB strategic plans and initiated the country's first Integrated 2026–2030 TB/HIV National Strategic Plan (NSP). The evaluation provided a clear assessment of programme achievements, identified gaps in service delivery and coordination, and generated evidence to guide the next strategic phase. Developing a unified TB/HIV NSP marks a major milestone toward improving efficiency, reducing duplication, and strengthening continuity of care across both programmes.

WHO provided strong technical leadership, designing a cost-efficient yet rigorous evaluation methodology that ensured comprehensive field reviews, high-quality

analysis, and inclusive stakeholder consultations. WHO coordinated technical experts, supported drafting processes, and mobilized funding from the Global Fund, UNICEF, and UNAIDS to enable field assessments and national workshops. This ensured the new NSP aligns with global TB and HIV norms, health systems priorities, and Ghana's Country Cooperation Strategy.

Key lessons emphasize the importance of early partner engagement, sustainable financing for joint planning, and integration of community voices. Continued focus on harmonized service delivery, strengthened data systems, and optimized care pathways will be critical for effective implementation of the 2026–2030 TB/HIV NSP.

1.1.7. Leveraging ICASA 2025 to Accelerate Progress Toward Ending AIDS and TB in Africa



Photo 4: 2025 ICASA Opening Ceremony delegates with the Vice President of Ghana

In 2025, Ghana successfully hosted the International Conference on AIDS and STIs in Africa (ICASA 2025), a major regional platform for advancing HIV, TB, and public health priorities across Africa. WHO played a pivotal role throughout the planning and execution phases, ensuring strong technical coherence, effective partner alignment, and high-level visibility. WHO supported the national launch event, convened multiple technical sessions, and contributed keynote and panel interventions involving UNAIDS, UNICEF, and other partners that emphasized integrated

TB/HIV responses, person-centred care, and resilient health systems. These efforts strengthened the conference's technical quality and positioned Ghana as a regional leader in evidence-based public health action.

WHO's engagement helped catalyse renewed political commitment, enhance regional collaboration, and accelerate adoption of innovations showcased during the conference. ICASA 2025 also energized civil society and community groups, reinforcing momentum toward ending AIDS and TB across the continent.



Photo 5: Cross section of audience at ICASA 2025



Photo 6: WHO leadership at ICASA 2025 Opening Session

Organizing a conference of this scale required extensive coordination and resource mobilization. Early planning, unified UN support, and WHO's technical stewardship helped mitigate logistical and partner-coordination risks. Key lessons include the need for sustained investment in regional scientific

forums, deeper community engagement, and strong mechanisms to translate conference commitments into action. Building on ICASA 2025 momentum will be essential for advancing integrated TB/HIV services and mobilizing long-term domestic and partner financing.

1.2. MALARIA AND NEGLECTED TROPICAL DISEASES

1.2.1. NTD Data Management.

Ghana continued to strengthen its national health information system in 2025, with focused efforts to close long-standing gaps in Neglected Tropical Disease (NTD) reporting within DHIMS2. Although DHIMS2 serves as the country's primary health data platform, several NTD indicators were not fully integrated, limiting Ghana's ability to produce complete, standardized data required for national planning and global reporting. To address this, the WHO Country Office, working with WHO Headquarters and the Centre for Health Information Management (CHIM), convened a national NTD data workshop in October 2024. This workshop brought together all NTD programmes to map data needs, identify inconsistencies, and align national indicators with global standards.



Photo 7: NTD Data Strengthening Meeting



Photo 8: Participants at the NTD Data Meeting

Building on the progress achieved, WHO and partners facilitated a three-day NTD data boot camp in November 2025 in the Volta Region. Approximately 30 participants worked collaboratively to finalize the NTD data prototype designed for DHIMS2 integration. The boot camp successfully delivered standardized national NTD registers with clearly defined indicators, as well as harmonized datasets for both preventive chemotherapy and case-management NTDs. These datasets are now aligned with global reporting requirements and ready for DHIMS2 deployment.

A national rollout roadmap, including timelines, responsibilities, and budget will be supported by WHO and partners as the next steps for the coming year. With continued support, Ghana is now well positioned to enhance NTD data quality and strengthen evidence-based decision-making.

1.2.2. Malaria and HIV/TB Grant Oversight Through the Country Coordinating Mechanism (CCM)

The Joint Oversight Committees for Malaria and HIV/TB under Global Fund Grant Cycle Seven (GC7) continued to play a critical role in ensuring effective grant implementation in 2025. As members of these committees, WHO National Programme Officers (NPOs) provided

sustained technical and advocacy support to strengthen programme performance and promote efficient use of Global Fund resources. A central component of the oversight function was the conduct of field verification missions, which WHO actively supported.



Photo 9: WHO staff engaging a midwife during a supportive supervision visit to the Volta Region



Photo 10: Inspecting storage condition of health commodities during a CCM oversight committee field visit



Photo 11: CCM Oversight Team at the Health Directorate, NR



Photo 12: Inspecting storage condition of health commodities during a CCM oversight committee field visit



During the year, WHO NPOs contributed to two major field verification visits across Principal Recipient sites, health facilities, and medical stores in the Northern, Central, and Oti Regions. These missions assessed the status of GC7-funded interventions, with particular emphasis on supply chain performance and commodity stock management. They also identified good practices for potential scale-up and highlighted implementation gaps requiring corrective action, ensuring that country-level interventions remained aligned with WHO technical recommendations.

The verification missions produced comprehensive reports and structured feedback to the Country Coordinating Mechanism (CCM), strengthening accountability and informing timely decision-making.

Stakeholders acknowledged the added value of WHO's technical leadership and the credibility it brought to the oversight process. This support will continue into the coming year to reinforce effective programme delivery under the Global Fund grants.

1.2.3. Integrated management of Skin NTDs Pilot in the Volta and Oti Regions

With technical support from WHO headquarters, a pilot intervention was implemented in six districts across the Volta and Oti regions to strengthen early detection and management of Cutaneous Leishmaniasis (CL) and other skin NTDs. About 100 frontline health workers (including clinicians, laboratory personnel, and public health officers) were trained to use an integrated clinical algorithm designed to support community-level case identification and management. The pilot aimed to generate evidence to inform the potential national adoption of this tool.

Supervision and virtual follow-up meetings were conducted throughout the pilot period to track progress and address emerging challenges. Despite limited resources for follow-up visits, the initiative achieved strong results. A total of 679 ulcers were identified and initiated on the algorithm. Of these, 355 cases (52%) were followed up, and 345 ulcers (97%) healed within four to six weeks. Notably, none of the followed-up cases required intralesional glucantime, demonstrating the effectiveness of the integrated management approach.



About 100

frontline health workers (including clinicians, laboratory personnel, and public health officers)



355 cases

(52%) were followed up



A total of 679

ulcers were identified and initiated on the algorithm



345 ulcers

(97%) healed within four to six weeks.

CUTANEOUS LEISHMANIASIS SUMMARY REPORT – OTI & VOLTA REGIONS

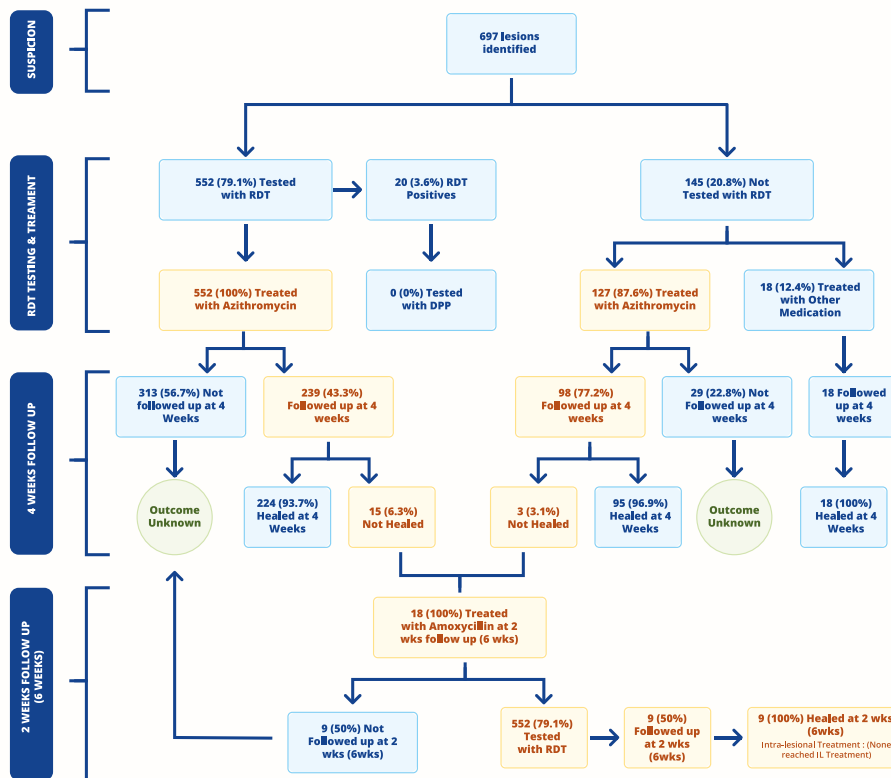


Figure 1: The Integrated Skin NTD Management Algorithm

While outcomes were highly encouraging, the pilot also revealed gaps in follow-up coverage and laboratory diagnosis capacity for CL. These areas will be strengthened in the coming year through continued collaboration with key national research partners, including NMIMR and KCCR.

1.2.4. Post - Validation Surveillance for gambiense Human African Trypanosomiasis (gHAT)

Ghana maintained strong progress in sustaining the elimination of Human African Trypanosomiasis (HAT) as a public health problem, following its validation by WHO in 2023 after several years without reported gHAT cases across twelve sentinel sites. To prevent re-establishment of transmission and to support Ghana's planned dossier for certification of interruption, the WHO Country Office continued to provide financial and

technical assistance for robust post-validation surveillance. In 2025, WHO supported the establishment of three additional border sentinel sites in Juabeso, Sampa, and Bongo; strategic locations in the Western, Brong, and Upper East regions. More than fifty health workers were trained to conduct passive screening, strengthening Ghana's capacity to rapidly detect and respond to potential cross-border introductions.

Monitoring visits were jointly undertaken with the national programme, ensuring quality assurance and generating practical recommendations for improvement. Across all fifteen functioning sentinel sites, over 1,700 screening tests were conducted in 2025, compared to 1,300 the previous year. Thirteen cases tested positive with rapid diagnostic tests, but all were confirmed negative through trypanalysis, demonstrating strong diagnostic integrity. Overall, Ghana continues to effectively maintain its HAT elimination status, supported by targeted surveillance expansion and sustained WHO partnership.



over 1,700
screening tests were
conducted in 2025



1,300
the previous year.

1.3. EXPANDED PROGRAMME ON IMMUNIZATION (EPI) AND VACCINE PREVENTABLE DISEASES SURVEILLANCE

1.3.1. Evidence-Based Strategies for Reaching Underserved Populations Through District-Level Immunization Coverage Survey



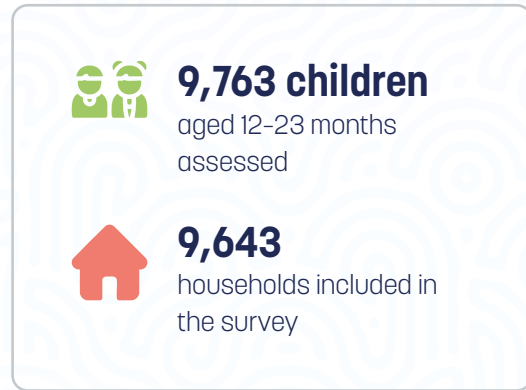
Photo 13: Training of teams for a nationwide immunization coverage survey.

To validate administrative coverage figures and identify low-performing areas, the EPI Programme, with technical support from WHO, conducted a district-level immunization coverage survey using a cross-sectional household cluster design aligned with WHO Coverage Survey Guidelines. The survey assessed 9,763 children aged 12–23 months across 9,643 households in 1,765 clusters. Findings showed crude full-immunization coverage of **88.5%** (95% CI: 87.7–89.3). However, substantial regional disparities were evident, from as low as **50.2%** in Northeast to **95.1%** in Ahafo, underscoring the need for focused strategies to improve equity and reach underserved populations.

WHO’s technical support covered the entire survey process, including design, sampling, development of training materials, and training of field teams. WHO also provided on-site guidance during data collection to address

operational challenges and contributed to data analysis and final report preparation.

This activity was delivered through strong collaboration between WHO, the Ghana Statistical Service, and PATH, with funding support from Gavi, the Vaccine Alliance, ensuring a robust evidence base for programmatic decision-making and targeted interventions.



1.3.2. Immunization Performance through the Big Catch-Up

Using pre-pandemic benchmarks and 2024 EPI performance data, WHO and partners identified districts that had not fully recovered from COVID-19-related declines in immunization coverage. This evidence-driven analysis enabled targeted support to high-priority districts in alignment with WHO’s Big Catch-Up agenda and Gavi’s Equity Accelerator Funding. Interventions focused on reaching marginalized populations, addressing service delivery gaps, reduce inequities in immunization service delivery and restoring routine immunization coverage to pre-pandemic levels.

As a result, routine immunization performance

improved significantly in 2025 compared to 2024, With 1,307,407 (99.4%) children under one year vaccinated with the third dose of the Pentavalent vaccine. This reflects an increase of 36,306 children compared to the same period in 2024. This demonstrates progress in reaching more children with life-saving vaccines.

These gains were achieved through strong collaboration among WHO, UNICEF, PATH, and JSI, working closely with the national EPI Programme to strengthen delivery strategies and reach underserved communities.

1.3.3. Advocacy and Community Engagement for Immunization Through AVW, CHPW, and World Polio Day 2025

In 2025, Ghana commemorated African Vaccination Week (AVW) alongside Child Health Promotion Week (CHPW) to strengthen advocacy for immunization and increase

public awareness of free child health services. Under the theme “Every Child Deserves a Healthy Future; Invest in Your Child. Attend ‘Weighing’ Regularly,” the campaign promoted

routine attendance at child welfare clinics and reinforced the importance of immunization for early childhood development. WHO supported a coordinated communication effort, issuing a national press release, hosting a webinar for senior media professionals, and leading a social

media campaign. Complementary activities by the Ghana Health Service—including radio and television discussions, a nationwide health walk, and news commentary—amplified public engagement. The joint national launch served as the climax of the observance.



Photo 14: World Polio Day Commemoration

Ghana also marked World Polio Day 2025 to reaffirm commitment to global eradication efforts and sustain high routine immunization coverage. Media engagements, health walks, fun fairs, and community outreach strengthened public understanding of the continued risks of poliovirus importation and the protective value of vaccination. Rotary

International mobilized resources in support of eradication activities. Both commemorations were delivered through strong collaboration between WHO, GHS, UNICEF, AMMREN, Rotary International, and the Polio Laboratory, enhancing advocacy and community participation in immunization.



POLIO RESPONSE VIDEO

1.3.4. MLM and IIP Training



Photo 15: Dr. Rockson leading the training session for health workers during the MLM programme.

The capacity of Ghana's immunization workforce was significantly strengthened through the nationwide rollout of the Mid-Level Management (MLM) and Immunization in Practice (IIP) training modules. The initiative aimed to enhance managerial and operational competencies essential for delivering high-quality immunization services across all levels of the health system. A total of 17,119 health workers (68% female) were trained nationwide, reflecting substantial reach and inclusiveness. Knowledge gains were evident, with average test scores improving from 68% to 82.9% post-training, demonstrating meaningful enhancement of competencies across the country.

WHO provided comprehensive technical support throughout the process, including adaptation of training modules, development of the national training plan, facilitation of workshops, and supervision of downstream cascade training. This ensured the programme remained technically robust and strategically aligned with efforts to strengthen long-term immunization system performance.

The activity was successfully implemented with technical assistance from WHO and PATH, contributing to a more competent and confident health workforce capable of sustaining improvements in immunization service delivery.



17,119
health workers trained
nationwide



68%
female
participation



Photo 16: MLM and IIP training participants putting their skills into practice during hands-on sessions.

1.3.5. Accelerating Cervical Cancer Elimination Through Nationwide Introduction of HPV Vaccination



Photo 17: A young girl receives her HPV vaccine at the campaign launch, taking a step toward a healthier future.

In line with WHO's "90-70-90" strategy to eliminate cervical cancer by 2030, Ghana introduced HPV vaccination into the national immunization programme in October 2025. A nationwide multi-age cohort (MAC) campaign vaccinated approximately 1.8 million girls aged 9–14 years, achieving 84% coverage. Following the campaign, HPV vaccination was integrated into routine services for girls turning nine, with tailored approaches ensuring both in-school and out-of-school girls were reached.

The WHO Country Office provided extensive technical support, including the adaptation of training materials, capacity-building for healthcare workers, and engagement of key stakeholders such as professional associations, school authorities, media personnel, and traditional and religious

leaders. WHO also supported the printing of data collection tools to enhance data quality and contributed to the development of communication materials to strengthen community awareness and vaccine uptake.

This milestone was achieved through strong collaboration with the Ministry of Health, with funding from Gavi and support from UNICEF, PATH, JSI, and local partners, ensuring a coordinated national effort to advance cervical cancer prevention.



1.8 million

girls aged 9–14 years,
achieving 84% coverage

The HPV vaccine was successfully introduced, reaching approximately 1.8 million girls aged 9–14 years, achieving about 84% campaign coverage, and subsequently Ghana transitioned into the routine immunization schedule at 9 years of age.



1.3.6. Assessing Integration and Performance of the R21 Vaccine to Improve Malaria Prevention Outcomes

Following the introduction of the R21 malaria vaccine into routine immunization in September 2024, a post-introduction evaluation (PIE) was conducted to assess its integration and overall performance. Findings confirmed that the vaccine has been successfully incorporated into the routine immunization system, with encouraging uptake and consistent vaccine supply. However, the evaluation identified gaps in recording and reporting tools, including shortages of registers and the Maternal and Child Health Record Book. Although coverage levels were promising, uptake has not yet matched that of more established vaccines,

highlighting the need for intensified community awareness and demand-creation efforts.

WHO provided technical support throughout the evaluation, including adaptation of survey instruments and reference manuals, training of data collectors and supervisors, and oversight of field implementation to ensure data quality.

The evaluation was implemented through close collaboration between the EPI Programme, WHO, and PATH, providing actionable insights to strengthen the vaccine's rollout and enhance malaria prevention efforts nationwide.

1.3.7. Improving Polio, Measles, and Rotavirus Surveillance Through Targeted Technical and Laboratory Support

In 2025, Ghana continued nationwide surveillance of vaccine-preventable diseases through the Integrated Disease Surveillance and Response (IDSR) system. Suspected cases were promptly investigated and confirmed through the national laboratory network, with technical advisory groups for polio and measles routinely reviewing data to strengthen programmatic action. Environmental surveillance for polio showed improvement, with 12 of 14 sites (85.7%) meeting the enterovirus isolation benchmark, up from 10 of 12 sites (83.3%) the previous year.

To improve performance in low-performing regions, WHO deployed officers to support case searches, outbreak investigations, and capacity building. WHO also provided technical and financial support to convene the National

Polio Expert Committee and the National Verification Committee for Measles and Rubella Elimination. Catalytic funding was provided to four regions to strengthen AFP surveillance and orient frontline staff on field investigation procedures, in collaboration with the Ghana Health Service and Noguchi Memorial Institute for Medical Research.

To address diagnostic delays at rotavirus diarrhoea sentinel sites, WHO donated essential laboratory equipment, significantly improving sample processing and reducing turnaround time. Enhanced data were shared with the Ministry of Health and the Global Paediatric Diarrhoea Surveillance Network, informing evidence-based policy decisions. This support was funded by the Bill & Melinda Gates Foundation, with technical collaboration from CDC.

12/14 sites \geq 50% enterovirus isolation (up from 10/12); catalytic support to 4 regions for AFP.



Photo 18: WHO officers monitoring and supervising immunization campaign in the community

1.3.8. Multisectoral Vaccine Response to Contain Cholera and Mpox Outbreaks in Ghana



Photo 19: Health worker administering the Mpox vaccine

In response to the prolonged cholera outbreak that began in 2024, Ghana implemented a targeted subnational oral cholera vaccination campaign to interrupt transmission in high-risk areas. A total of 1.8 million doses were administered across 30 subdistricts in 10 districts within the Central, Greater Accra, and Western regions, achieving a mean coverage of 93.8%. The high uptake contributed significantly to breaking transmission chains and preventing further spread. WHO provided technical leadership for outbreak investigation, coordinated the International Coordinating Group (ICG) vaccine request, and supported training, microplanning, and overall implementation. The response was delivered through strong collaboration with the EPI Programme, UNICEF, PATH, and the Red Cross Society.

To address the concurrent Mpox outbreak, Ghana deployed 33,600 doses of the MVA-BN vaccine across priority districts in the Western, Ashanti, and Greater Accra regions. More than 97% of targeted individuals, including identified contacts, were vaccinated, contributing to a marked decline in cases. WHO supported NITAG deliberations, guided vaccine application processes, adapted training materials, and conducted supportive supervision to ensure quality delivery. Coordinated efforts among the Ministry of Health, WHO, Africa CDC, and PATH ensured an effective, equity-focused response to protect at-risk populations.



1.8 million

doses of oral cholera vaccine administered

Subnational OCV with high uptake 93.8% (ranging from 66.8% to 102.8%) interrupting transmission. 33,600 MVA-BN doses; 12 districts across Western (7), Ashanti (2), Greater Accra (3); >97% target protected.



Photo 20: A young girl getting her mpox vaccine, protecting her health for the future.

1.3.9. Immunization Systems Research

Although valuable implementation evidence exists within Ghana's immunization programme, it has not been fully harnessed to drive performance improvements. To address this gap, WHO, with funding from the Wellcome Trust, collaborated with the School of Public Health at the University of Ghana to conduct scoping research aimed at identifying and documenting best practices with potential for scale-up in support of the Immunization Agenda 2030 (IA2030).

The resulting report, validated by national and international immunization experts, provides a consolidated evidence base to strengthen decision-making among policymakers, programme managers, and product developers. It offers actionable insights to enhance programme performance, improve delivery strategies, and accelerate progress toward IA2030 goals. The documented best practices also serve as a global resource to guide the adaptation and scale-up of proven approaches across diverse country contexts.

1.3.10. Alliance Towards Sustainable Immunization in Ghana



Photo 21: Dr. Fiona Braka, WHO Representative in Ghana, welcoming the GAVI Alliance Chief Executive Officer Dr. Sania Nishtar.

In May 2025, Dr. Sania Nishtar, Chief Executive Officer of Gavi, the Vaccine Alliance, visited Ghana to strengthen partnerships and highlight the country's growing leadership in vaccine manufacturing and immunization. The mission convened a high-level dialogue involving Alliance partners (WHO, UNICEF, Gavi, and the World Bank) alongside global institutions such as the IMF and UNAIDS. Discussions focused on advancing health financing, aligning support with Gavi's new strategic framework (Gavi 6.0), and accelerating progress toward

the African Vaccine Manufacturing Accelerator (AVMA). The engagement reaffirmed a shared commitment to building a resilient and self-sustaining health system in Ghana.

The visit concluded with a joint press statement at the Ministry of Health celebrating Ghana's leadership in immunization and reaffirming the collective resolve of the Ministry of Health, Gavi, WHO, UNICEF, and the World Bank to strengthen and sustain the national immunization programme.



Photo 22: High level dialogue on advancing health financing and aligning support with GAVI 6.0

1.4. NON-COMMUNICABLE DISEASES

1.4.1. Digital Health Systems for NCD Management: WHO's Support for E-Tracker Deployment in Ghana

WHO supported the nationwide rollout of the NCD e-tracker to strengthen Ghana's health information systems for the management of hypertension and diabetes. Integrated into DHIMS2, the e-tracker enables real-time data capture, improving accuracy, continuity of care, and decision-making at facility and district levels. In 2025, WHO partnered with the Ghana Health Service (GHS) and the Christian Health Association of Ghana (CHAG) to deploy the system across seven regions. A total of 458 health workers from 120 facilities (including women and persons with disabilities) were trained, and 40 computers were distributed to address digital gaps and ensure equitable access to electronic reporting tools through the DHIMS 2 platform.

These efforts directly contributed to WHO's global target of reducing premature mortality from NCDs by improving surveillance and service delivery. The allocation of computers, training materials, and technical expertise, translated into measurable results: seven regions fully equipped and trained, and

improved reporting compliance for NCD indicators.

This intervention marked a significant shift from manual reporting to a streamlined digital platform, resulting in improved reporting compliance and enhanced monitoring of NCD service delivery. WHO provided technical leadership in training design, facilitation, and implementation support, while the World Diabetes Federation funded the initiative. Despite challenges including funding constraints, logistics bottlenecks in reaching remote facilities, limited internet connectivity, and staff turnover, mitigation strategies such as phased deployment, remote technical support, and coordinated distribution mechanisms ensured continuity of implementation. Lessons learned underscored the importance of early planning and sustained stakeholder engagement. For long-term sustainability, WHO recommends continued resource mobilization, strengthened IT maintenance capacity, and expansion of the e-tracker to include additional NCD and mental health indicators.

E-tracker deployment & 40 computers to facilities; 458 staff trained across 7 regions/120 facilities



7 regions

covered nationwide



458

health workers trained



120

health facilities involved

2 priority NCDs

hypertension and diabetes

1 national digital platform

DHIMS2



40

computers distributed

1.4.2. Promoting Patient Empowerment and Equity in NCD Management in Ghana

In 2025, WHO supported the Ghana Health Service to conduct self-care training sessions for individuals living with hypertension and diabetes across multiple regions, strengthening patient empowerment and promoting equitable access to NCD services. The initiative delivered practical, community-level sessions that equipped participants with skills in blood pressure monitoring, medication

adherence, diet, and lifestyle modification. By December 2025, more than 500 patients (including women, older persons, and persons with disabilities) had participated across the Northern, Bono East, Volta, and Ashanti regions. The intervention reduces reliance on facility-based care by strengthening patients' capacity for self-monitoring and improved confidence in managing their conditions.



Photo 73: Hypertension and Diabetes Self Care trainings



Photo 74: Hypertension and Diabetes Self Care trainings



Photo 75: Hypertension and Diabetes Self Care trainings



Photo 76: Hypertension and Diabetes Self Care trainings

WHO provided technical guidance for curriculum development, contextual adaptation of training materials and remote support for regional implementation, ensuring people-centred and inclusive approaches. Monitoring tools were introduced to track participation and progress, enabling continuous quality improvement. Through collaboration with regional health directorates, the initiative contributed to WHO's global target of reducing premature mortality

from NCDs by promoting patient ownership of health and strengthening resilience within primary health care systems. The approach aligns with Ghana's progress toward Universal Health Coverage by extending chronic disease management beyond facility walls into communities.

Challenges included limited funding, logistical delays, and attendance constraints linked to

biennium closure. Risks such as inconsistent participation and sustainability concerns were addressed through remote support, integration of self-care into existing NCD services, and

use of local health workers for facilitation. WHO recommends scaling the model nationwide, integrating digital follow-up tools, and prioritizing vulnerable groups to sustain impact.

1.4.3. D-CARD Baseline Assessment and Shiny App Implementation

WHO supported the successful completion of the Diabetes and Cardiovascular Disease Africa Project (D-CARD) baseline assessment across **120 health facilities** (40 implementing and 80 control facilities) in six regions to evaluate readiness for diabetes and cardiovascular disease care. The assessment examined service availability, essential medicines, diagnostic capacity, and trained personnel to establish a comprehensive baseline for rolling out integrated NCD services. Findings revealed significant gaps such as limited access to HbA1c testing, inadequate staff training, lack of essential medications at critical areas and continued reliance on manual data compilation. To strengthen evidence-based planning, WHO

facilitated the development of an interactive Shiny App that presents facility-level findings alongside data from the STEPS survey, enabling real-time visualization of regional and district disparities and improving decision-making for intervention prioritization and resource allocation. To further strengthen subnational surveillance capacity, WHO supported the application and dissemination of small area estimation (SAE) techniques using data from the national STEPS survey. The SAE analysis generated district-level estimates of key NCD risk factors, including hypertension, diabetes, obesity, and tobacco use, enabling identification of geographic disparities that are not visible in regional aggregates.



LINK TO THE SHINY APP

WHO provided technical leadership throughout the process, including survey tool design, training of data collectors, ethical compliance support, development and deployment of the Shiny App in collaboration with GHS, CHAG, WHO HQ, and AFRO. WHO also supported

the logistical and IT infrastructure required for data hosting. These efforts generated a comprehensive evidence base to guide Ghana's efforts to scale up integrated NCD services and advance progress toward SDG 3.4.

D-CARD baseline assessment completed across 120 facilities with digital dashboards.



1.4.4. Building Robust Adolescent Health Data for Policy and Programming in Ghana

Ghana strengthened its capacity to produce high-quality, disaggregated, and policy-relevant data on adolescent health through the successful implementation of the Global School-based Student Health Survey (GSHS) follow-up in Sekondi-Takoradi Metropolis. Led by the Ghana Education Service and Ghana Health Service, with WHO's technical leadership and support from UNESCO, the survey was conducted across all 37 Junior and Senior High Schools that participated in the follow-up round, ensuring full continuity and comparability. Over 4,000 learners completed the follow-up, generating robust evidence to inform national priorities under AA-HA! GAMA, and the WHO GPW, particularly in strengthening equity-focused monitoring and adolescent health programming.

WHO ensured alignment with global survey standards, provided quality assurance, supported budget validation, and coordinated with headquarters for data processing and analysis. Effective collaboration between GES, GHS, WHO, and UNESCO improved data integrity and strengthened local survey implementation systems. Challenges related to electronic tracking and risks of incomplete submissions were addressed through proactive school follow-up and real-time coordination with WHO HQ. Key lessons underscored the importance of early data validation, strong intersectoral coordination, and effective tracking mechanisms to safeguard data quality and uphold adolescents' right to be counted and represented.

1.4.5. School Health Services, Evidence and Adolescent-Led Action

In 2025, Ghana advanced efforts to strengthen school health services by leveraging new nationally representative data from the Global School Health Survey (GSHS) and the Global School Health Policies and Practices Survey (G-SHPPS). These surveys provided the first comprehensive evidence in over a decade on the availability and equity of essential school health services, including preventive care, screenings, mental health support, and emergency response. Findings will guide national efforts to address long-standing service gaps and accelerate progress toward adolescent health, UHC, and SDG 3.8. Complementing this analytical work, adolescent-led health promotion interventions were implemented in 18 schools to create

safer, more inclusive learning environments. More than 200 participatory sensitization sessions and edutainment activities engaged 10,272 adolescents (over 6,000 of them girls) strengthening awareness on sexual and reproductive health, mental health, violence prevention, substance use, bullying, and hygiene. Schools reported improved confidential reporting, earlier referral of at-risk learners, and reduced stigma around sensitive topics. Implementation was co-led by GES and GHS with strong participation from teachers, health workers, parents, and community leaders. WHO provided technical guidance to ensure youth-centred, gender-responsive, and rights-based programming.

1.5. MENTAL HEALTH

1.5.1. Bridging the Gap: Ghana's Journey Toward a Comprehensive Maternal Mental Health Policy

Ghana made substantial progress in advancing maternal mental health through the development of a comprehensive Maternal Mental Health Policy. Building on a 2023 WHO-supported situational analysis that revealed high rates of depression, anxiety, and psychosocial distress among pregnant and postpartum women, the country began formulating a policy to integrate mental health into routine maternal and child health services.

The analysis highlighted gaps including limited screening, inadequate provider training, stigma, and the absence of a guiding policy framework. In response, key recommendations were developed, targeting standardized screening in ANC/PNC, improved training for midwives and community health workers, strengthened referral systems, essential medicines availability, public education, and multi-sector collaboration.



Photo 23: Mr Dominic Farrell, FCDO Health Advisor, interacting with the CE and Deputy CE of the MHA during the stakeholder validation meeting for the MMH Policy

In 2025, WHO, together with the Ministry of Health, Ghana Health Service, CHAG, the Mental Health Authority, civil society, and service-user groups, established a national technical working group to lead policy drafting. The policy has since undergone broad stakeholder validation and is in its finalization stage. It emphasizes monitoring and evaluation,

community engagement, and integration into existing maternal health guidelines. Supported with funding from FCDO, WHO provided technical and normative guidance throughout the process. This initiative marks a major step toward improving maternal well-being, strengthening families, and advancing Ghana's UHC and mental health integration agenda.

1.5.2. Improving the competencies of the health staff in delivering integrated mental health care.

WHO strengthened Ghana's mental health service delivery in 2025 through comprehensive capacity-building initiatives aimed at improving early detection, timely intervention, seamless referral for mental health conditions and equitable care for vulnerable groups. Strengthened competencies promote integrated, rights-based, and equitable care, reducing stigma, enhancing rights-based service provision, and improving overall population well-being. To achieve this, WHO supported multiple training programmes across the country. Twenty data collectors were trained for the Global School Health Survey, improving the quality of adolescent mental health data. Awareness activities during Purple Month reached 371 young people and detainees (221 school learners - 108 male, 113 female - and 150 Borstal inmates), empowering them to recognize mental health issues and seek help early. Additionally, 414 community cadres (including Mentor Mothers, Models of Hope, Community Adolescent Treatment Supporters and Case Managers) were equipped with Basic Psychosocial Support Skills to assist newly diagnosed persons living with HIV. To improve data quality, 153 health staff (data managers, pharmacists, mental health workers) received training on the new mental health DHIMS2 reporting tools, strengthening national monitoring capacity. A further 120 community mental health workers were trained in person-centred, rights-based

care, enhancing respectful and inclusive services. These achievements were made possible through the WHO Director-General's Special Initiative for Mental Health, which supported Ghana's UHC and CCS priorities. WHO provided technical guidance, adaptation of training tools, and on-site coaching across all 16 regions.



371 young people

and detainees (221 school learners - 108 male, 113 female - and 150 Borstal inmates)



414 community

cadres (including Mentor Mothers, Models of Hope, Community Adolescent Treatment Supporters and Case Managers)



153 health staff

(data managers, pharmacists, mental health workers)



120 community

mental health workers were trained in person-centred,

A maternal mental health policy was drafted and validated, 20 school survey data collectors were trained. 371 Youths and inmates were engaged through awareness activities, 414 community cadres were trained. 153 Staff received training on DHIMS2 mental health indicators, and 120 staff were trained in rights-based care.



1.5.3. From evidence to action: Transforming perinatal care through maternal mental health integration

Ghana made important strides in improving maternal mental health by integrating evidence-based interventions into routine perinatal care. A national situational analysis revealed high rates of perinatal and postpartum depression, anxiety, and suicidal ideation, yet services remained fragmented and under-resourced at the primary care level. In response, Ghana launched a pilot maternal mental health integration initiative aimed at strengthening early detection, timely intervention, and equitable care for expectant and new mothers. Supported with funding from FCDO, the pilot was implemented across selected facilities in five regions, equipping frontline providers (including doctors, midwives, community health officers, and mental health professionals) with the skills and tools to identify and manage maternal mental health conditions.

The World Health Organization provided technical and strategic support to the MoH, GHS, MHA and CSOs in the implementation of the design, implementation of the pilot project. The programme supported the adaptation and validation of perinatal mental health screening tools, including the PHQ-4 and a self-harm assessment component. It also developed comprehensive training modules addressing integrated health services, maternal mental health, stress, anxiety, depression, self-harm, gender equity, cultural competence, and referral pathways. Over a two-week period, 165 health staff (65 males and 100 females) from the implementing regions were trained, with a strong emphasis on gender, equity, and rights-based approaches, proper administration of the screening tools, and the application of intervention algorithms.



Photo 24: Dr. Joana Ansong delivers brief opening remarks at the training in Bono East.



Photo 25: A midwife shares her experience managing maternal depression with participants



Photo 26: Community Mental Health Professionals in a group session during the training on person centred rights-based care



Photo 27: Facilitators visit an ANC clinic in Northern region to observe routine health services for pregnant mothers.



Photo 28: Dr Atiim facilitate session on gender-related drivers of maternal mental health

Participants demonstrated strong commitment to integrating mental health into perinatal services, recognizing its potential to reduce untreated maternal mental health conditions and improve outcomes for mothers and infants.

Once completed, the pilot will generate critical evidence on feasibility and impact, positioning Ghana as a leader in delivering comprehensive, integrated maternal care.

1.5.4. Prioritizing access to services: Mental Health in Catastrophes and Emergencies

Ghana prioritized mental health in emergencies in 2025 through enhanced awareness, strengthened coordination, and improved integration of psychosocial

support into disaster response. The national commemoration of World Mental Health Day which was focused on mental health in catastrophes and emergencies, came at a

critical time, following recurring events such as gas explosions, floods, and public health crises. Pre-event digital campaigns reached 2,034 people, while 289 stakeholders participated in in-person activities, including representatives from health services, security agencies, NGOs,

lived-experience groups, and the private sector. Public discussions advanced from general mental health awareness to deeper understanding of trauma, fear, anxiety, grief, and insomnia as essential indicators requiring attention during emergencies.



Photo 29: The panel of expert for the panel discussion on mental health and emergency response during the 2025 World Mental Health Day Commemoration, 10 October 2025



Photo 30: Dr Ofori Boadu, Director Institutional Care Division, GHS making a submission during the panel discussion on mental health and emergency response



Photo 31: Dr Ansong delivering a speech on behalf of WHO during the 2025 World Mental Health Day Commemoration

Key emergency response institutions, including NADMO, GHS, GNFS, the National Ambulance Service, and civil society partners, demonstrated strengthened commitment to integrating mental health into their operational mandates. Notably, NADMO confirmed that mental health and psychosocial support are now incorporated into the National Disaster Management Plan, marking a significant policy shift. WHO, in collaboration with these stakeholders, shared operational insights and policy updates while BasicNeeds Ghana

on community empowerment, psychosocial support, and advocacy using lived-experience groups during the panel discussion, and Media Partners (Channel One TV, Joy News, Asaase Radio, Daily Statesman) expanded outreach and public education.

Collectively, these efforts improved national readiness to address mental health needs during disasters and promoted psychological safety as a fundamental right for all communities.

1.6. FOOD SAFETY AND NUTRITION

1.6.1. From 7 to 58 – Scaling Essential Nutrition Actions to Address Malnutrition in Ghana.



Photo 32: Handover of the ENA to representative from GHS

Malnutrition remains a major public health challenge in Ghana. The 2022 DHS shows that 41% of women are anaemic, while 18% of children under five are stunted and 6% are wasted, conditions that increase susceptibility to infections, ill-health, and in severe cases, premature death especially in children. Health systems therefore offer a critical platform for delivering nutrition-specific interventions,

including the WHO Essential Nutrition Actions (ENA) for children, adolescents, and women of reproductive age.

In 2025, Ghana achieved a major milestone by updating its national ENA package. Building on the 2014 version and integrating the latest evidence-based recommendations, the revised ENA expands priority interventions from 7 to 58

aligning with SDG 3, the WHO ENAs Framework (2019), Ghana's UHC Roadmap, Nutrition policy and Country Cooperation Strategy (CCS) priorities on PHC, MNCH and nutrition. The updated package emphasizes primary health care, a life-course approach, community empowerment, and strengthened health workforce capacity. Frontline providers now operate with a standardized, action-oriented protocol that is being integrated into ANC/PNC, child welfare, adolescent health, and community outreach services. This expanded

guidance is expected to significantly improve service quality and accelerate efforts to reduce malnutrition in all its forms.

This achievement was made possible through financial support and technical leadership from WHO, UNICEF, and partners, working in close collaboration with national experts from the Ghana Health Service and Ministry of Health. It underscores the importance of coordinated, multisectoral action to address malnutrition across all stages of life.

ENA expanded 7 → 58 actions; national WASH-in-HCF advocacy plan; climate-health projections validated; health sector climate steering committee launched.



1.7. CLIMATE CHANGE

1.7.1. Advancing Evidence on Climate-Sensitive Health Outcomes



Photo 33: Cross section of participants at the climate change and health dissemination meeting

In 2025, Ghana advanced its efforts to strengthen climate-resilient health systems by undertaking a climate change health vulnerability and adaptation (V & A) assessment aimed at deepening evidence on climate-sensitive health outcomes. As part of the V&A assessment, Ghana initiated long-term projections of climate-sensitive health outcomes for 2025–2050 to inform forward-looking health policy and planning. A major milestone was achieved with the successful validation of national projections for nine climate-sensitive diseases across six ecological zones. The results show strong climate sensitivity under multiple emission scenarios, with significant implications for adaptation planning.

The projections indicate substantial increases in pneumonia and malaria by 2050 across all ecological zones, with the transition and deciduous zones most affected, up to a 120% rise for pneumonia and 35% for malaria.

Diarrhoeal and waterborne conditions are expected to rise, particularly in coastal and deciduous zones, while bilharzia remains stable. Road traffic accidents and snake bites are projected to increase by 30–40% in most areas. Upper respiratory tract infections show divergent trends, declining by 10–30% in the Guinea Savannah but rising by 35% in evergreen zones.

Led by the Ministry of Health and supported by WHO, UNICEF, and UK FCDO, this projection exercise provides one of the country's first future disease-burden scenarios, empowering policymakers to anticipate health risks and design adaptive health offices. WHO offered technical leadership and facilitation, ensuring alignment with best practices and the national V&A framework. The process brought together civil society, academia, and development partners, reinforcing multisectoral collaboration for climate-health resilience.



Photo 34: Cross section of participants at the climate change and health dissemination meeting

1.7.2. Health Sector Leadership for climate and health Resilience

In 2025, Ghana strengthened health sector leadership for climate and health resilience by advancing institutional mechanisms that translate climate commitments into concrete action. Building on the national Climate and Health Vulnerability and Adaptation (V&A) Assessment and the integration of climate

priorities into the revised Health Sector Medium-Term Development Plan, the country established and launched the Health Sector Climate Change Steering Committee, the first multisectoral leadership platform dedicated to coordinated climate and health action.

The Committee is positioned to reshape health governance by integrating climate considerations into planning, budgeting, and service delivery.



It will champion resource mobilization, drive cross-sector partnerships, and promote evidence-based adaptive actions to ensure health systems anticipate and withstand climate shocks, particularly for vulnerable populations.

With financing from UK FCDO, WHO supported the convening and operationalization of the Committee, providing technical leadership and facilitation to ensure alignment with the Country Cooperation Strategy (CCS) and the Operational Framework for Building Climate-Resilient and Low-Carbon Health

Systems. This support ensured that the Committee's mandate and functions reflect global best practices and national priorities.

The Steering Committee is led by the MoH and brings together key institutions including the Ministry of Finance (MoF), Environmental Protection Authority (EPA), Ghana Meteorological Agency, National Disaster Management Organization (NADMO), National Development Planning Commission (NDPC), and development partners such as WHO, UNICEF, UK FCDO, and the World Bank.

1.8. WATER, SANITATION AND HYGIENE (WASH)

1.8.1. Advancing Water, Sanitation and Hygiene (WASH) in Health Care Facilities through Advocacy and Action

In 2025, Ghana made significant progress in advancing Water, Sanitation and Hygiene (WASH) in health care facilities, shifting from dialogue to concrete action to address longstanding service gaps.

National data from the WHO/UNICEF Joint Monitoring Programme show that only 69% of facilities have basic water, 16% basic sanitation, 54% basic hygiene, and 27% basic waste management, with persistent inequities across regions. Recognizing the urgency, more than 80 stakeholders from government, civil society, academia, traditional leadership, and UN agencies convened to chart a pathway toward universal WASH in health care facilities.

The first national multi-stakeholder advocacy event secured consensus on priority actions, including establishing national WASH

champions, convening high-level policy dialogues, and aligning enforcement of WASH benchmarks with HEFRA standards. A national WASH in HCF advocacy action plan (2025-2026) was developed, outlining milestones on leadership, regulation, financing, coordination, and data systems. The plan also prioritizes gender-responsive and disability-inclusive WASH, reinforcing dignity, accessibility, and the right to safe care.

The dialogue was convened by the Ghana Health Service and Ministry of Health with UNICEF, PATH, and CONIWAS, and catalytic support from WHO and WaterAid Ghana. WHO provided technical leadership, evidence synthesis, and facilitation, ensuring alignment with the Global Framework for Action 2024-2030 and Ghana's Costed Strategy on WASH in HCF.

1.9. CROSS CUTTING ISSUES (GENDER, EQUITY & RIGHTS)

1.9.1. Supporting gender-responsive and inclusion health strategies to leave no one behind

In 2025, Ghana advanced efforts to promote gender-responsive and inclusive health services, building on the 2024 development of the national Health Sector Gender Policy and Action Plan. These efforts align with WHO's mandate to support countries in integrating gender, equity, and human rights into health systems, as outlined in the global Roadmap to Advance Equity, Gender, and Human Rights. Through strong collaboration with the Ministry of Health and partners, WHO ensured that health policies and programmes increasingly address systemic barriers and prioritize the needs of women, adolescents, and persons with disabilities.

Significant progress was made as the Ghana Health Service revised and validated its Guidelines for Gender Mainstreaming in Health, initiated the development of a Guideline on

Disability-Inclusive Health Services, and formulated agency-specific priority actions plans to accelerate gender integration in 2026. These steps mark important progress toward operationalizing the health sector's gender policy and advancing inclusive, people-centred care.

WHO leveraged financial support from UNICEF to convene technical expert meetings led by the Ghana Health Service for revising and validating gender mainstreaming guidelines. For disability-inclusive health services and development of agency-specific priority actions, WHO provided technical leadership and facilitation to ensure alignment with global standards. Civil society organizations and technical experts contributed meaningfully, reinforcing the value of a multisectoral, participatory approach.

1.9.2. Equitable gender responsive mental health services

In 2025, Ghana advanced efforts to strengthen equitable, gender-responsive mental health services, with a specific focus on maternal mental health, an area marked by persistent inequalities in screening, early detection, and management. Stigma, limited resources, and a shortage of trained personnel have historically hindered women's access to timely care during pregnancy and postpartum. Integrating maternal mental health into primary health care through gender-responsive strategies therefore offers a critical opportunity to address the unique risks faced by women and expand access to psychosocial support. Guided by these priorities, WHO collaborated with the Ghana Health Service, Mental Health Authority, and Basic Needs Ghana to build

health workforce capacity for inclusive, equitable mental health care.

Through an integrated capacity-building programme led by WHO's NCDs Programme and funded by the UK FCD0, more than 150 frontline health workers across five regions (75% female) were trained in gender-responsive mental health care. Training strengthened competencies in identifying gendered mental health risks, psychosocial education, cultural responsiveness, and provider of self-care. Screening tools were enhanced to include age, disability, geographic, and socioeconomic stratifiers, improving early identification of mothers at risk and enabling more targeted support.

Post-training assessments highlight the need for stronger cross-sector approaches to address sociocultural barriers influencing maternal mental health. Persistent challenges, including resource limitations, workforce maldistribution, inadequate logistics, and competing service delivery priorities, pose risks

to scaling gender-responsive interventions nationally. Sustained financing, stronger coordination, and continued technical support are essential to institutionalize equitable, gender-responsive maternal mental health services across Ghana

1.9.3. Building gender responsive systems for pandemic preparedness and response

In 2025, Ghana made significant progress in building gender-responsive systems for pandemic preparedness and response. A major milestone was the establishment of a National Steering Committee with representation from the Ministry of Gender, Children and Social Protection and civil society. This nine-member body provides oversight, strategic direction, and accountability for the implementation of the Pandemic Fund Project. In parallel, the Ministry of Health and Ghana Health Service established a dedicated gender technical working group, initiated a national gender stakeholder mapping, and began assessing the gender responsiveness of existing health policies. These foundational actions will generate evidence to guide concrete action

plans aimed at improving Ghana's Joint External Evaluation gender score from 0 toward 3, positioning the country as a regional leader in gender-responsive health security.

With financial support from the Pandemic Fund, WHO facilitated the convening of key technical meetings by providing essential logistics and ensuring the meaningful participation of women's groups and disability organizations. WHO also contributed technical leadership, facilitation, and analytical support in designing and implementing the ongoing gender analysis and stakeholder mapping. These efforts ensure that Ghana's approach aligns with global best practices for gender integration and strengthens the quality, coherence, and inclusiveness of the Pandemic Fund Project.

**Revised gender mainstreaming guideline;
disability-inclusive services guideline initiated;
gender responsiveness embedded in Pandemic Fund
governance/TWG.**





02

HEALTH SYSTEMS **AND SERVICES (HSS)**

In 2025, WHO Ghana supported major policy, systems, and service delivery initiatives to advance UHC across the life course. Key achievements included development of Ghana's first Quality of Care evidence base, finalization of the Health Inequality Monitoring Report, contribution to the Health Sector

Medium-Term Development Plan (2026-2029), and progress in health financing, primary health care, health workforce, and digital health governance. Together, these efforts strengthened the foundations for more equitable, accountable, and people-centred health services.

2.1. HEALTH FINANCING

2.1.1. Advancing Pro-Poor Fiscal Policies through Health Taxes

In 2025, Ghana advanced pro-poor health financing reforms through implementation of the Excise Duty (Amendment) Act 2023, which increased taxes on tobacco, alcohol, and sugar-sweetened beverages. With WHO support, the Government assessed the reform's impact on prices, consumption, and revenue. Results showed sharp increases

in cigarette prices, declining imports, and a substantial rise in excise revenue, while early evidence also pointed to price increases for alcohol and sugar-sweetened beverages. These reforms helped expand fiscal space for health and strengthen Ghana's use of health taxes as a public health tool.

2.1.2. Ensuring Evidence-Based Allocation and Improved Efficiency in Health Financing

In 2025, Ghana strengthened evidence-based health financing through the National Health Accounts (NHA) and Resource Mapping and Expenditure Tracking (RMET) exercises. These tools improved understanding of resource flows, spending patterns, and partner contributions, helping to strengthen transparency, accountability, and financing

decisions for UHC. The 2023 NHA showed continued growth in total health expenditure, while RMET produced Ghana's first consolidated donor financing report and highlighted areas of misalignment between partner funding and national priorities. WHO provided technical support and multisectoral coordination to strengthen this work.

2.1.3. Advancing Governance and Implementation Readiness for the Free Primary Health Care (FPHC) Initiative and the Ghana Medical Trust Fund (GMTF)



Photo 35: FPHC and GMTF technical team from AFRO with WCO Ghana staff after kick off meeting

In 2025, Ghana advanced two major health reforms: the Free Primary Health Care (FPHC) initiative and the Ghana Medical Trust Fund (GMTF). With WHO support, policy frameworks, service packages, and implementation roadmaps were developed to guide both reforms. Key milestones included draft policy frameworks, a technical roadmap, establishment of technical subcommittees,

and agreement on immediate shifts such as free access to Community-based Health Planning and Services (CHPS) facilities without National Health Insurance Scheme (NHIS) cards. These steps strengthened governance and implementation readiness for reforms aimed at expanding financial protection and access to care.



Photo 36: FPHC and GMTF technical team from AFRO with the Minister of Health and team

Policy frameworks advanced for FPHC, GMTF, and HRH migration strategy.



2.2. HUMAN RESOURCES FOR HEALTH

2.2.1. Building Consensus on Health Workforce Reforms through a National Policy Dialogue



Photo 37: Minister of Health at the launch of the Ghana Health Labour Market Analysis and National Health Policy Dialogue

In April 2025, the Ministry of Health, with support from WHO and partners, convened a national policy dialogue on Health Labour Market Analysis (HLMA) to build consensus on reforms in education, employment, migration, and workforce management. The dialogue responded to evidence showing high unemployment among trained health workers despite unmet service needs and

rising migration pressures. It helped define priority reform areas, including alignment of health workforce education with sector needs, improved recruitment and retention, and better management of migration. WHO provided technical leadership and evidence synthesis to support the process and advance health workforce reform for UHC.



Photo 38: Cross-section of participants at the launch of the Ghana Health Labour Market Analysis and National Health Policy Dialogue

2.2.2. Advancing Health Workforce Migration Management and Investment Planning

In 2025, Ghana advanced major health workforce reforms through development of the National Health Workforce Migration Policy and Strategy and initiation of a Health Workforce Investment Plan. These efforts responded to growing workforce attrition, migration pressures, and persistent unemployment among trained health workers despite unmet service needs. The policy and investment

planning process aimed to improve retention, guide ethical migration, strengthen workforce deployment, and align training and recruitment with national priorities. WHO provided technical leadership for evidence synthesis, policy development, costing, and stakeholder engagement, helping to strengthen long-term workforce resilience and support progress towards UHC.

2.2.3. Building Leadership Capacity for Universal Health Coverage

In 2025, WHO supported implementation of Cohort VI of the Pathways to Leadership for Health Transformation in Africa programme, delivered by Ashesi University, to strengthen leadership capacity within Ghana's health sector. The programme equipped 29 senior leaders and middle-level managers with

practical skills in leadership, systems thinking, communication, and problem-solving to support health sector reform. WHO provided technical oversight and curriculum support. This initiative helped strengthen leadership capacity for UHC and health system transformation.



Photo 39: Cross section of the cohort 6 during the graduation

2.3. STRATEGIC HEALTH INFORMATION

2.3.1. Quality of Care Evidence for Planning and Accountability



Photo 40: Launch and dissemination of the quality of care report

In 2025, Ghana completed its first nationally standardized assessment of quality of care across key service areas through the Harmonised Health Facility Assessment Quality of Care module. The process generated national and regional evidence to support planning, supportive supervision, and accountability,

and strengthened capacity to interpret and use quality of care data. WHO provided technical leadership for the assessment, analysis, reporting, and dissemination. The results are now helping to inform regional and national planning for 2026–2029.



FIND HERE

NATIONAL HHFA QUALITY OF CARE REPORT

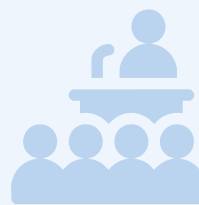
A comprehensive national assessment of provider adherence to quality standards across antenatal care, uncomplicated malaria in children under five, HIV Testing Services (HTS), PMTCT, ART, and TB. The report presents validated findings, highlights key performance gaps, and outlines considerations for improving service quality.



QUALITY OF CARE THEMATIC FACT SHEETS

Four concise fact sheets summarising the key indicators and findings for ANC, malaria in children under five, HIV (HTS, PMTCT and ART), and TB, providing high-level insights to support policy engagement and technical discussions.

One (1) national QoC report, six (6) regional reports, four (4) national knowledge products analytic fact sheets; 150+ analytical tables; Trained 30 media personnel, national launch with 120 participants; Completed subnational interpretation in 6 regions.



2.3.2. Digital Health Governance through the Digital Health Atlas

In 2025, Ghana strengthened digital health governance through expansion and institutionalization of the Digital Health Atlas (DHA). WHO supported national review and validation of digital health projects, training on governance workflows, and stronger use

of DHA dashboards for coordination and oversight. These efforts improved project visibility, data quality, and national capacity to manage digital health investments in line with the country's digital health strategy.

DHA Clinics delivered (17+ participants); 24+ projects validated; governance workflows clarified in post-clinic sessions.



2.3.3. Equity Monitoring and Sector Accountability

In 2025, Ghana strengthened equity-focused health planning through completion of the Health Inequality Monitoring Report. The report analysed disparities across 37 indicators and provides an important evidence base for integrating equity into sector planning,

performance monitoring, and accountability processes. WHO provided technical leadership for the analysis and report development, while national institutions supported governance and uptake of the findings.



FIND HERE

GEOGRAPHICAL ACCESSIBILITY AND EQUITY ANALYSIS REPORT

A national geospatial assessment of physical access to essential health services, including facility distribution, travel-time modelling, and patterns of inequality across regions and population groups.



GEOGRAPHICAL ACCESSIBILITY SNAPSHOTS

Short analytical and visual summaries highlighting the main accessibility gaps and underserved areas requiring targeted attention.

Health Inequality Monitoring Report finalized (37 indicators from DHS 2022; HEAT Plus); submitted for endorsement.



2.4. HEALTH SYSTEMS GOVERNANCE

2.4.1. Ghana's Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029

In 2025, Ghana strengthened preparation of the Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029, with WHO providing technical leadership. WHO supported development of planning methodologies, governance arrangements, and the draft

Monitoring and Evaluation (M&E) Framework, including the results framework, indicator catalogue, and accountability matrix. These efforts improved national readiness for results-based planning and strengthened the foundations for monitoring sector performance.

2.4.2. Governance for UHC and Health System Reform

In 2025, WHO supported governance reforms to strengthen the legal, regulatory, and institutional foundations of Universal Health Coverage (UHC) in Ghana. This included legal and policy review to identify gaps affecting access, equity, quality of care, and

accountability, as well as assessment of governance for private sector engagement in the health system. Together, these efforts generated evidence to guide reform priorities and strengthen stewardship, regulation, and system resilience.



2.5. QUALITY AND SAFETY

2.5.1. Access to Childhood Cancer Medicines



Photo 41: Facility accessment for the childhood cancer medicines

In 2025, Ghana strengthened national systems for childhood cancer care through participation in the Global Platform for Access to Childhood Cancer Medicines (GPACCM). With WHO support, the country established a coordinated national mechanism linking designated treatment centres and completed

key onboarding requirements to improve readiness for access to quality-assured childhood cancer medicines. These efforts strengthened national capacity for forecasting, coordination, and planning, and marked an important step towards improving access to lifesaving medicines for children with cancer.



Photo 42: Facility accessment for the childhood cancer medicines



Photo 43: Accessing the readiness of the central medical store for childhood cancer medicines

2.5.2. Traditional Medicine Integration

In 2025, Ghana advanced efforts to integrate traditional medicine into the health system through a national training programme for Traditional Medicine Practitioners, delivered with WHO support. The programme strengthened clinical, ethical, and regulatory competencies

and contributed to improved service quality, safety, and alignment with national policy. These efforts supported more people-centred care and strengthened access to services, particularly in underserved communities.



Photo 44: At the Maiden Professional Practice Course (PPC) for 272 traditional medicine practitioners in Ghana

2.5.3. Regulatory Systems and Local Manufacturing Readiness

In 2025, Ghana strengthened quality and safety systems through continued progress in medical products regulation and local manufacturing readiness. Re-benchmarking using the WHO Global Benchmarking Tool confirmed that the Food and Drugs Authority sustained WHO Maturity Level 3, reflecting a stable and well-functioning regulatory system for oversight of medical products. At the same time, WHO supported Ghana's

local manufacturing agenda through mobilization of European Union funding for the Vax & Pharm Ghana project, which is helping strengthen preparedness for clinical trials, good manufacturing practices, and policy and regulatory reform. Together, these efforts reinforced patient safety, regulatory confidence, and national readiness for expanded local production of health products.



Photo 45: Delegation of WHO experts conducting the re-benchmarking of the Food and Drugs Authority, Ghana



Photo 46: WHO re-benchmarking Team for the Food and Drugs Authority, Ghana

2.6. ANTIMICROBIAL RESISTANCE (AMR)

2.6.1. AMR Research and Operational Capacity



Photo 47: Crosssection of participants at the integrating AMR into PHC

In 2024–2025, WHO Ghana strengthened national operational research capacity on AMR through the Structured Operational Research and Training Initiative (SORT IT), implemented with TDR and partners. The programme supported frontline and junior researchers to generate and communicate evidence for decision-making, resulting in

strong publication output and wider uptake of research findings in policy and practice. It also contributed to long-term national capacity by developing researchers, mentors, and institutional expertise across the One Health AMR platform. These efforts strengthened Ghana’s ability to generate and use evidence to address AMR.

2.6.2. Integrating AMR into Primary Health Care and Strengthening Regional Stewardship



Photo 48: Field visit for integrating AMR into PHC

In 2024–2025, WHO supported Ghana to strengthen AMR action through a people-centred approach to integration within primary health care (PHC), alongside intensified stewardship and community awareness efforts at regional level. National work helped identify priority actions to strengthen antimicrobial stewardship, infection prevention and control, monitoring, and community

engagement within PHC. In the Eastern Region, implementation was strengthened through training of health workers, establishment of antimicrobial stewardship structures, and broad community awareness activities during World AMR Awareness Week. Together, these efforts helped translate national AMR priorities into practical action at service delivery and community levels.

2.7. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH)

2.7.1. Rights-Based and Quality Comprehensive Abortion Care

In 2025, Ghana strengthened comprehensive abortion care (CAC) through improved provider capacity, facility readiness, and rights-based service delivery. WHO supported values clarification and attitude transformation, facility audits, and on-site quality improvement efforts that helped reduce stigma, strengthen

provider competence, and improve service readiness across regions. These efforts advanced more respectful, equitable, and safer care for women and adolescents, while reinforcing alignment with national CAC standards.

2.7.2. Expanding Access to Long-Acting Contraceptive Services

In 2025, Ghana strengthened access to long-acting contraceptive services by building the capacity of Community Health Nurses across six regions. With WHO support, training and mentorship improved frontline ability to provide implants and intrauterine contraceptives

safely and confidently. These efforts expanded access to family planning, especially for women and adolescent girls in underserved areas, and supported more equitable, client-centred sexual and reproductive health services.



LARC TRAINING BENEFICIARY



PAMELA STORY ON LARC

2.7.3. Adolescent and School Health Accountability, Policy and Standards

In 2025, Ghana strengthened adolescent and school health governance through improved accountability, policy alignment, and adoption of global standards. WHO and partners supported orientation on AA-HA! 2.0, review of the draft School Health Policy, and technical work to align national approaches with WHO

and UNESCO standards for Health-Promoting Schools. These efforts strengthened multisectoral coordination, elevated youth participation, and advanced a more inclusive, rights-based framework for adolescent and school health in Ghana.



Photo 49: Disemination meeting with multi stakeholders on Western and Central African commitment on Adolescent health and well being



Photo 50: Plenary discussion during the Western and Central African commitment on Adolescent health and well being dissemination meeting

2.7.4. National Guidance for Cervical Cancer Prevention and Treatment

In 2025, WHO supported development of Ghana’s first national guideline for the prevention and treatment of cervical cancer. The guideline provides a standardized framework for prevention, screening, diagnosis, and treatment, and is expected to strengthen equitable access to services and improve women’s health outcomes. This marks an important step in advancing coherent national action towards cervical cancer elimination.



Photo 51: Cervical cancer findings from STEP survey dissemination at the AGSM of the Society of Obstetricians and Gynecologists of Ghana (SOG)



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03

HEALTH EMERGENCY **PREPAREDNESS AND RESPONSE (HEPR)**

Ghana strengthened emergency preparedness and response in 2025 through improved surveillance, decentralized diagnostics, stronger governance, and better community and subnational readiness. Key achievements included completion of the second Joint External Evaluation, operationalization of the Pandemic Fund Steering Committee, rollout

of the National Community Engagement Framework, expansion of laboratory and emergency preparedness capacity, and strengthened contingency planning in high-risk areas. WHO supported these efforts through technical leadership, coordination, and operational support.

3.1. PREPAREDNESS FOR HEALTH EMERGENCIES

3.1.1. National Health Security Governance and Planning



Photo 52: WHO Representative opening remark at NAPHS prioritization workshop

In 2025, Ghana strengthened national health security governance and planning through completion of the second Joint External Evaluation (JEE) and operationalization of the Pandemic Fund Steering Committee. The JEE provided an updated multisectoral assessment of International Health Regulations capacities and informed development of the next National Action Plan for Health Security (NAPHS) 2026–2030. At the same time, a 13-member

National Pandemic Fund Steering Committee was established and is operational, providing national oversight, multisectoral coordination, and implementation readiness for priority preparedness investments and the Pandemic Fund project. Together, these efforts have strengthened governance, planning, and accountability for the prevention, detection, and response to public health threats.

Second Joint External Evaluation completed and Pandemic Fund Steering Committee operationalized, strengthening governance for the next NAPHS.



3.1.2. Community, Subnational, and Operational Preparedness

In 2025, Ghana strengthened community, subnational, and operational preparedness through rollout of the National Community Engagement Framework, expansion of laboratory and emergency response capacity, and improved contingency planning in flood-prone areas. WHO supported training,

dissemination, and coordination to improve risk communication, diagnostic readiness, and district-level emergency planning. These efforts helped strengthen preparedness for outbreaks, disasters, and other public health emergencies, particularly in high-risk and underserved settings.

Community engagement framework rolled out, laboratory and district preparedness strengthened, and flood contingency plans developed for Eastern and Volta regions.



Photo 53: Training of laboratory personnel on Mpxv and Dengue Fever Sample Management, 2025



Photo 54: MIRA Training in Volta region, 2025



Photo 55: Inaugurated National Steering Committee for Pandemic Fund Project, MOH, Accra, 2025

3.1.3. Implementation of Pandemic Fund

In 2025, WHO Ghana supported the implementation of Pandemic Fund-financed interventions that significantly strengthened national pandemic preparedness capacities. Five residents were enrolled to strengthen workforce capacity in advanced field epidemiology and laboratory. A total of 112 multiple frontline public health officers were trained in surveillance analytics, artificial intelligence, geospatial mapping enhancing early detection and evidence-based response. Assessments conducted in 15 selected health facilities informed the planned establishment of two national biorepositories to improve secure storage and rapid access to priority

disease specimens. Investments in digital infrastructure, including the provision of IT equipment to the University of Ghana School of Public Health, strengthened training capacity for data analysis and visualization. In addition, quality improvement initiatives across regional blood centres advanced progress toward African Society for Blood Transfusion stepwise accreditation and participation in external quality assurance programmes. Collectively, these actions strengthened workforce readiness, modernized surveillance and laboratory systems, and improved Ghana's operational capacity to prevent, detect and respond to emerging health threats.

3.2. EPIDEMICS AND PANDEMICS PREVENTED

3.2.1. Cholera Outbreak Contained with WHO Support



Photo 56: Cholera response supplies procured by WHO

In 2024–2025, WHO supported Ghana’s cholera preparedness and response through outbreak coordination, capacity-building, surveillance, risk communication, and vaccination in high-burden areas. Updated surveillance guidance, active case search, community engagement, and oral cholera vaccination helped strengthen

the response and contain the outbreak. In six high-burden districts in the Greater Accra and Central Regions, more than 995,000 people were vaccinated, achieving 97% coverage. The outbreak was contained with a case fatality rate of 0.7%, below the WHO threshold of 1%.



Photo 57: Cholera response supplies procured by WHO

3.2.2. Partner Coordination for Health Security

WHO supported stronger partner coordination for health security through the Health Development Sub-Group on Health Security. The platform improved collaboration, alignment of partner support, and joint action to strengthen Ghana's preparedness and

response capacities under the International Health Regulations. WHO convened the group and supported coordination around national health security priorities, including development of the next National Action Plan for Health Security.

3.3. HEALTH EMERGENCIES RAPIDLY DETECTED AND RESPONDED TO

3.3.1. Responding to Mpox outbreak in 2025



Photo 58: Mpox vaccine deployment in Western Region

Ghana continued to manage a prolonged but controlled mpox outbreak in 2025, reporting 950 In 2025, Ghana continued to manage a prolonged mpox outbreak, with WHO supporting national control efforts through strengthened diagnostics, vaccination, risk communication, and partner coordination. WHO supplied laboratory reagents, GeneXpert



Photo 59: Donation of essential supplies including #PPEs and GeneXpert cartridges for Mpox response

cartridges, personal protective equipment, and communication materials, while also supporting rollout of mpox vaccination in high-risk districts. These efforts helped improve turnaround times, strengthen outbreak intelligence, reduce stigma, and suppress transmission.

3.3.2. Responding to meningitis outbreak



Photo 60: Ceftriaxone deployment for meningitis outbreak response

In early 2025, WHO supported Ghana's response to a bacterial meningitis outbreak in the Upper West Region through emergency supplies, technical guidance, and frontline training. The response strengthened surveillance, case

management, public education, and access to treatment in affected districts. WHO's support helped improve treatment availability and contributed to a reduction in case fatality during the outbreak.

10,600 ceftriaxone vials deployed; meningitis case fatality reduced from 33% to 8%.



Photo 61: Donation of kits to ministry of health for meningitis response

3.3.3. Community Feedback, Diagnostics, and Rapid Response Capacity

In 2025, Ghana strengthened rapid response capacity through improved community feedback systems, decentralized diagnostics, and targeted support for vulnerable communities during emergencies. WHO supported development of a community feedback system and training on infodemic management to improve how health authorities collect, analyse, and respond

to public concerns during emergencies. At the same time, decentralized mpox diagnostics and additional support to frontline responders improved outbreak detection and response, while humanitarian health support helped sustain essential services for displaced populations. Together, these efforts strengthened timely, community-responsive, and more equitable emergency action.



Photo 62: Development of the tools for the site assessment for biorepositories installation, Accra, 2025



Photo 63: Technical working group for the biorepositories site assessment and installation, Accra, 2025



04

COUNTRY SUPPORT AND **ENABLING FUNCTIONS**

In 2025, WHO Ghana strengthened its enabling environment through improved partnerships, resource mobilization, governance support, and visibility. The External Relations and Partnerships Team expanded collaboration to 49 partners and facilitated 81 bilateral and 35 multi-partner engagements. Eighteen investment-ready proposals were developed, and nine donor reports were submitted, significantly enhancing the country office's resource pipeline. Visibility and communication improved through 43 articles, 572 social media

posts, and strengthened media engagement. Procurement processes remained fully compliant and responsive to programme needs, while ICT services, fleet management, and HR optimization improved operational continuity and cost-efficiency. Financial management remained strong, with disciplined budget execution and enhanced internal control. These enablers strengthened WHO's ability to deliver impactful technical support across all programme areas.

4.1. LEADERSHIP AND COORDINATION

WHO Ghana facilitated strategic leadership and technical coordination with the government and key stakeholders to reposition and advance the health agenda. Sustained high level engagement and technical support was provided to the MoH for major health reforms including the development of the Health Sector Medium Term Strategic Plan, Free PHC and Ghana Medical Trust Fund. Establishment of key governance platforms was supported by WHO including National Digital Health Governance and the Health Sector Climate Change Steering Committee.

WHO played a convening role in health development partner coordination and leadership of the health security partners group. Coordination of technical support was facilitated through various technical working

groups and committees with WHO leadership and evidence-based technical support. Targeted technical support was provided for the roll out of health initiatives at regional level through technical field missions.

WHO also supported the UN and UNCT by aligning technical cooperation with the UNSDCF 2023-2025, contributing health leadership to joint planning and implementation, and strengthening multisectoral collaboration on UHC, emergency preparedness, and determinants of health.

Expanded partnerships and engagement beyond the health sector included other sectors (Education, Gender, Sanitation, Youth Development), Parliamentary Select Committees on Health and Financing, academic institutions and NGOs.



Photo 64: Bilateral meeting of the WHO DG and AFRO RD with the president of Ghana



Photo 65: WHO DG with the President of Ghana



Photo 66: Meeting with the Ghana Minister of Health to reaffirm WHO's commitment to working with the government

4.2. PARTNERSHIPS AND RESOURCE MOBILIZATION

4.2.1. Strengthening Partnerships, Governance, and Resource Mobilization for Health Impact



Photo 67: UNICEF Ghana Country Rep welcoming the WHO Representative to Ghana

The External Relations, Partnerships and Governance (EPG) programme strengthens WHO Ghana's collaboration with government, development partners, UN agencies, non-state actors, and philanthropic institutions to advance national health priorities. EPG enhances WHO's engagement, coordination, advocacy, visibility, and resource mobilization across all clusters, while brokering multisectoral partnerships, ensuring donor compliance, and promoting transparent communication of results. Through this work, the country office reinforces governance dialogue and sustains stakeholder confidence in WHO's mandate.

In 2025, EPG significantly expanded WHO

Ghana's partnership landscape, engaging 49 partners (surpassing the target of 40). The team facilitated 81 bilateral and 35 multipartner engagements, strengthened collaboration through three new UN partnerships, and formalized six FENSA-cleared agreements with non-state actors. The country office also developed 18 investment-ready proposals, far exceeding the target of 10, and enhanced organizational visibility through nine donor reports, 43 articles, and 572 social media outputs. These achievements directly supported UHC, health emergencies, and healthier populations by translating technical priorities into funded opportunities and strengthening accountability systems.

Collaboration with MoH, UNDP, UN-Habitat, UNFPA, UNICEF, UK-FCDO, KOICA, EC, ECHO, CHAG, AFENET, R4D, Ashesi University, Borrow Foundation, and others enabled joint initiatives and improved coordination. Key

lessons emphasized the need for multi-year partnerships, engagement with non-traditional actors, and proactive pipeline management to mitigate funding risks.



49 partners

(surpassing the target of 40)



18

investment-ready proposals



81 bilateral

and 35 multipartner engagements,



43 articles

and 572 social media outputs



Photo 68: WR engaging H.E Hüseyin Güngör, Ambassador of Turkey to Ghana, on areas of partnership and collaboration

49 partners; 81 bilateral & 35 multipartner engagements; 18 proposals; 9 donor reports; 43 articles & 572 social posts.



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

In 2025, the WHO Country Office intensified resource mobilisation efforts in line with CCS priorities, developing and submitting 19 funding proposals amounting to US\$19m across key programme areas. Six proposals, totalling US\$5.3m, were unsuccessful, while decisions on four proposals amounting to US\$10.9m remain outstanding. The office also advanced regional cooperation by jointly developing and submitting one proposal with the Benin and Togo Country Offices, reinforcing WHO's commitment to strengthening South-South collaboration. Throughout the year, the EPG Unit proactively scanned the funding landscape for new opportunities, ensuring timely identification of donor windows and alignment with emerging priorities.

These efforts contributed to maintaining a diversified funding pipeline, strengthening partnerships, and positioning the Country Office to mobilize resources more strategically in support of Ghana's health sector priorities.



Total value of proposals submitted

US\$19 million



19

Funding proposals developed and submitted

Four proposals valued at US\$2.5m were successfully secured, although formal signing of approximately US\$1 million is still pending.



4.2.3. Ensuring Donor Accountability Through 100% Timely Reporting in 2025

In 2025, the WHO Country Office achieved 100% on-time submission of all nine donor reports to partners including UK FCD0, KOICA, the Borrow Foundation, the Pandemic Fund, and DHSC. These reports covered major programme areas such as antimicrobial resistance (AMR), health systems strengthening, noncommunicable diseases (NCDs), emergency preparedness and response, and human resources for

health. The consistent timeliness and quality of submissions reflected strong internal coordination, systematic tracking of reporting deadlines, and proactive engagement with donors. Regular follow-up by the Country Office ensured that reporting requirements were fully met, compliance standards were upheld, and donor confidence in the office's stewardship remained high.

4.3. STRATEGIC COMMUNICATION

4.3.1. Social Media Engagement and Digital Presence

In 2025, WHO Ghana strengthened strategic communication through improved digital engagement, multimedia storytelling, media collaboration, and support to national health campaigns. The Country Office expanded its online visibility, produced communication products to support major public health initiatives, published feature stories and

newsletters, and strengthened media capacity for more accurate and evidence-based reporting. These efforts improved public access to reliable health information, amplified WHO-supported interventions, and strengthened visibility, trust, and stakeholder engagement across priority health areas.



Photo 69: WHO documenting stories from beneficiaries of the Long Acting Reversible Contraceptives training



Photo 70: WHO engaging journalists ahead of the HPV vaccination campaign

Strategic communication strengthened through expanded digital visibility, campaign support, multimedia content, publications, and media engagement.



HPV MEDIA TRAINING



QOC MEDIA ENGAGEMENT

4.4. PREVENTION AND RESPONSE TO SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH)

In 2025, WHO Ghana strengthened institutional safeguarding systems through extensive capacity building, enhanced risk mitigation, and deeper partner engagement. A total of 18 programme managers and implementing partners were trained as PRSEAH trainers under the Pandemic Fund initiative, equipping them to embed safeguarding across preparedness activities. The Country Office further oriented 22 participants from 15 Non-State Actors

(NSAs) on WHO PRSEAH policy, accountability frameworks, and survivor centred approaches, improving compliance and ethical standards in WHO supported programmes. Additionally, 28 AFENET staff, including epidemiologists, project managers, and frontline personnel, received comprehensive training to integrate PRSEAH into field epidemiology and pandemic response operations.



Photo 71: PRSEAH Focal Person & PRSEAH TOT facilitates discussions on PRSEAH in field epidemiology.



Photo 72: Group photos of a cross-section of participants during AFENET training

The 2025 Country Comprehensive Risk Assessment confirmed a low residual risk score of 2, consistent with 2024, demonstrating the effectiveness of existing safeguards and the importance of continued vigilance. Quarterly staff orientations, mandatory onboarding for all new personnel, and sustained PRSEAH visibility—through branded materials and continuous messaging—helped reinforce a zero-tolerance culture across the office.

Importantly, PRSEAH was fully integrated into

the cholera and Mpox Incident Management Teams, with safeguarding messages incorporated into national Mpox guidelines, ensuring that ethical conduct and survivor centred reporting remained priorities even during emergencies.

These achievements collectively strengthened accountability, enhanced partner capacity, and deepened institutional resilience in safeguarding.

4.5. IOS HQ AUDIT AND COMPLIANCE REVIEW

Although no IOS audit or CRMA compliance review was conducted in 2025, the Country Office continued to systematically implement and monitor actions arising from previous audit (2024) recommendations. These corrective measures remained embedded in routine financial and operational processes, strengthening internal controls and reinforcing a culture of compliance which minimized policy breaches to large extent. Adherence to earlier these previous recommendations improved documentation standards, expenditure verification, and application of Direct Financial Cooperation (DFC) procedures.

Enhanced pre-payment checks, clearer supporting documentation requirements, and reinforced supervisory reviews contributed to greater accuracy, timeliness, and consistency in financial transactions. Regular follow-up with implementing partners and refresher guidance on SOPs further improved reporting quality and reduced processing delays.

Collectively, sustained compliance with prior audit guidance enhanced operational efficiency, minimized financial and fiduciary risks, and ensured continued application of sound financial management practices across the office in 2025.

4.6. HUMAN RESOURCES

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

In response to reduced funding envelopes, the Country Office undertook a staffing reprioritization exercise to align human resources with priority programme needs. The staffing structure was streamlined from 36 positions (34 Fixed-Term and 2 Temporary Appointments) to 32 Fixed-Term positions, ensuring optimal deployment of available

expertise while maintaining operational continuity.

Despite the reduction, technical and operational capacity within clusters was effectively reorganized to absorb critical functions, minimizing service gaps and sustaining programme implementation and country presence across all priority areas. This rationalization improved role clarity, reduced duplication, and enhanced cross-cluster collaboration, contributing to greater operational efficiency. The office maintained; gender parity, with 16 male and 16 female staff. International Professional staff totaled five, comprising two males and three females (including the WHO Representative).

Under the redesigned organogram aligned with the CCOM model, four clusters supported the SMO Office:



This structure strengthened technical coherence and operational support to programme delivery. By end of 2025, three approved priority positions remained vacant: External Relations Officer (P3), Communication Officer (NOB), and Health Financing Officer (NOC). While these gaps posed workload

pressures, interim internal adjustments ensured continuity of key functions.

It is worth mentioning that the HR restructuring enhanced efficiency by aligning staffing to funding realities, strengthening accountability, and enabling sustained programme implementation despite resource constraints

The office maintained; gender parity, with 16 male and 16 female staff

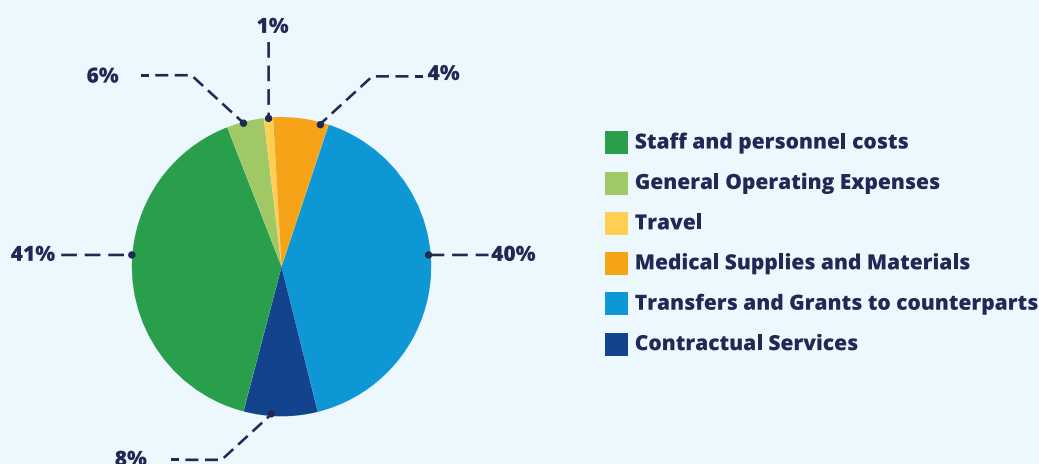


4.7. PROGRAMME BUDGET AND FINANCIAL MANAGEMENT

In 2025, the final year of the biennium, closed with the allocated budget rising by USD 3.2m from the previous year to USD 35.7m. Planned costs increased by USD 5.3m reaching USD 33m for the biennium. Overall financing reached 73% of the allocated budget as USD 26m as workplan funded. Out of the available funding, 74% (USD 25m) was utilized for staff and activity costs across all workplans by the close of the biennium. Activity expenditures totaled USD 19m (76%), while staff costs amounted to USD 6m (24%) of total

expenditure. The overall budget performance showed strong utilization despite notable shifts across expenditure categories, reflecting disciplined financial management and effective absorption capacity. Analysis of activity costs highlights significant realignments driven by programme needs and efficiency measures. Supplementary staff costs increased sharply due to expanded technical support requirements, while short-term staff costs declined by 59%, reflecting tighter contract management.

UTILIZATION BY EXPENDITURE TYPE



Direct Financial Cooperation (DFC) expenditures dropped substantially following reduced partner funding flows and stronger compliance screening. Medical supplies and literature recorded the largest increase (over 1,200%) supporting intensified technical and emergency interventions. Travel and general

operating costs reduced due to improved planning and cost-control measures.

Security expenses rose significantly in response to emerging compliance and safety requirements, while hospitality spending was fully eliminated.

4.8. TRANSPARENCY, ACCOUNTABILITY AND RISK MANAGEMENT

In 2025, the WHO Country Office collaboratively worked on the internal controls Self-Assessment framework [ICF] checklist and assessed the performance of the office and the country office scored 3.8 [strong] for the Internal Control Self-Assessment checklist. The operational Control which considered the Internal environment, risks management, control activities, information communication and monitoring. Whilst the functional controls score was 3.6 assessing the areas of planning, budgeting, and monitoring of workplans, donor agreements and awards management, Human resources, Security, procurement, travels, Asset management, accounting and financial management. Much awareness creation and staff capacity has been enhanced through these assessments during the year. The collaborative process of reviewing the ICF Self-

Assessment checklist provides a platform awareness creation to all staff on the Standard Operating Procedures and requirements of the Internal controls framework, Risks Management and the Financial Management Policies.

The continuous discussion of the relevant SOPs at staff meetings continued to strengthen and enhance staff performance and adherence to the rules, regulations, SOPs, and guidance. The use of the key performance indicators [KPIs] monthly measure of WCO performance also kept staff on track with the routine tasks to ensure performance is on track to achieving the relevant KPIs. The continuous comparison of actuals against the well-defined KPIs is a self-check for continuous improvement in quality service delivery.

4.9. COMPLIANCE AND CONTROL FRAMEWORK

Throughout the year, the Country Office maintained a strong internal control environment to ensure compliance, transparency, and sound stewardship of resources. Financial and administrative transactions were subject to regular budget monitoring, reconciliations, pre-payment verification, and supervisory reviews, strengthening expenditure accuracy and control. Procurement and operational processes adhered to established procedures, supported by complete documentation and reliable audit trails minimizing the degree of

policy breaches.

Risk management remained embedded in operations, with key risks systematically identified, recorded in the risk register, and mitigated through spot checks, compliance reviews, and inventory verifications. Periodic reviews by the Local Compliance and Risk Management Committee enabled timely follow-up on audit recommendations and accelerated implementation of corrective and risk-mitigation actions.

4.10. ASSURANCE ACTIVITY AND IMPLEMENTING PARTNER RISK ASSESSMENT

During the year, the Country Office strengthened oversight and accountability through structured compliance and assurance mechanisms. A third-party audit firm was engaged to conduct micro-assessments of selected implementing partners that received cumulative funding above USD 150,000, to confirm eligibility for continued collaboration and funding support.

In addition, the WCO Finance team carried out routine implementing partner self-assessments, risk and capacity assessments, and assurance visits, achieving 90% (18/20) of the annual target. These activities included follow-up with Regional Health Directorates that cumulatively received over USD 50,000. Field engagements provided refresher guidance on SOPs for WHO fund disbursement,

reporting requirements, and applicable funding modalities.

Targeted training sessions were also conducted for FENSA-cleared partners, bringing together finance and technical focal persons aimed at strengthening compliance with WHO operational procedures and PRESEAH requirements. These interventions enhanced partner capacity, improved financial and programmatic reporting quality, and reduced delays in report submissions.

Collectively, these assurance and capacity-building efforts reinforced financial accountability, improved partner performance, and supported achievement of 76% "green" DFC KPIs, exceeding the minimum benchmark of 75%.

4.11. ROBUST ICT SUPPORT SERVICES

In 2025, WHO Ghana maintained reliable and efficient ICT support services, ensuring strong operational continuity across the office. System upgrades, strengthened internet resilience, prompt incident resolution, and full compliance with WHO information technology

requirements helped sustain stable and secure service delivery throughout the year. These efforts ensured that staff and partners had the digital tools and support needed to work effectively.

4.12. FLEET MANAGEMENT

The Country Office has a total of nine (9) vehicles with a current driver's strength of eight (8). During the year under review, one of the vehicles was not engaged for field missions due to aging and high maintenance

costs. Additionally, two (2) new vehicles were procured to augment the existing fleet. The total cost associated with managing the fleet—comprising the nine (9) active vehicles can be seen as per the table below

Item/Description	Total Costs 2025	Average cost/visit 2025	Total Costs 2024	Average cost/visit 2024	Remarks
Running Cost	32,953	3,408	38,780	3,525	
Fuel	23,020	2,302	30,667	2,788	
Maintenance/repairs	9,933	1,104	8,312	755.64	
No Garage visits	30	3.3	43	3.9	
Distance [Km]	180,663	18,066	174,662	15,878	
Vehicles	9		11		

It is important to note that vehicle running costs declined in year 2025 due to the implementation of the cost containment and efficiency measures by considering duty travels as part of the higher cost drivers of the Country Office, only impactful and priority duty travels that leveraged higher results were undertaken.

Furthermore, the country office took a proactive step to withdraw three over aged vehicles with increasing maintenance costs by procuring two new land cruiser vehicles to augment the fleet to drive cost down. The aged vehicles have been placed out for disposal

4.13. PROCUREMENT

During the year under review, the Ghana Country Office played a vital role in supporting effective programme implementation through timely, transparent, and compliant procurement processes. The Local Procurement Committee (LPC) adhered to established procurement Standard Operating Procedures (SOPs), ensuring fairness, open competition, due diligence amongst others steps, ultimately achieving value for money procurements.

The LPC met regularly throughout the year,

conducting twenty-three (23) deliberations and issuing One hundred and seventy-one (171) Purchase Orders valued at USD1,184,686 for the local procurement of goods and services. These efforts ensured uninterrupted programme delivery and operational efficiency.

Key procurements supported priority programme areas, including the acquisition of reagents for External Quality Assurance Schemes, printing of Maternal and Child Health Record Books, consultancy services, and

logistical support for meetings, conferences, and workshops. Through strong governance and efficient procurement oversight, the

LPC significantly contributed to programme effectiveness, accountability, and the optimal use of resources.

4.14. SHIPMENT

A total of Seventy-seven consignments were cleared from the port with five (5) of these being for the use of WCO/Ghana and the rest for various projects including emergency supplies to MOH/ Ghana Health Services. An average of twenty (20) per quarter with most of these taking place in the fourth quarter.





KEY CHALLENGES,
LESSONS
**LEARNT AND
PERSPECTIVES
FOR 2026**

5.1. PROGRAMME CHALLENGES AND MITIGATION MEASURES

- ✔ Persistent data and systems challenges—including incomplete electronic records, incomplete R21 registers, limited internet connectivity, biennium-related reporting delays, and funding constraints—affected implementation. These were mitigated through stakeholder orientation, targeted digital capacity-building, and integration of the Shiny App into national planning processes. Risks of duplication within digital health initiatives were reduced through DHA verification and validation workflows, alongside clearer focal-point mapping to improve coordination.
- ✔ Limited alcohol and SSB data, weak monitoring systems, and risks of illicit trade constrained effective implementation of fiscal health measures.
- ✔ Macroeconomic pressures, especially exchange-rate depreciation and donor fragmentation, posed challenges to health financing. Mitigation included strengthened data validation and harmonized reporting.
- ✔ Resource constraints—including limited funding for skin-NTD follow-ups and delays in Pandemic Fund change-request approvals, were addressed through catalytic funding.
- ✔ Workforce-related challenges, including insufficient capacity for gender mainstreaming, rising attrition, and fiscal constraints, were addressed through remote technical assistance, promotion of ethical mobility pathways, establishment of reintegration mechanisms, and strengthened retention strategies to enhance long-term resilience and equity.
- ✔ Persistent structural barriers—including stigma, criminalization, and limited service coverage—continue to constrain harm-reduction and integrated service delivery.
- ✔ Poor safeguarding culture among some government partners and stakeholders, which often manifested in PRSEAH being viewed primarily as a WHO or donor-driven requirement rather than an internal institutional responsibility.

5.2. LESSONS LEARNT

- ✔ Decentralized diagnostics save lives by cutting turnaround time, accelerating action and reducing transmission of infections.
- ✔ Subnational, multi-sector preparedness improves equity and responsiveness.
- ✔ Institutionalizing annual National Health Accounts and RMET cycles and integrating RMET findings into national budget frameworks enhances efficiency and sustainability.
- ✔ Monitoring & accountability systems (M&E frameworks, dashboards) must be embedded early in implementation.
- ✔ Media and community feedback systems strengthen trust and demand generation.
- ✔ Need for sustained investment in peer-led systems, stronger integration of community cadres into facility operations, and continued expansion of differentiated service delivery to sustain progress toward epidemic control.

5.3. PERSPECTIVES FOR 2026

WHO Ghana will continue focused support to the government of Ghana guided by priorities in the WHO 14th General Programme of Work (2025-2028) and the Country Cooperation Strategy (2024-2028). Building on the lessons learned in 2025 and the evolving global health landscape that is impacting country health systems, WHO will further adapt and prioritize key actions with resource optimization.

Key priorities for 2026 include:

- ✔ Advance implementation of health reforms (Free Primary Health Care and Ghana Medical Trust Fund) including finalization of policy frameworks, alignment of benefit packages, adoption of interoperable data systems such as DHIS2 and OpenMRS, and the acceleration of tariff revisions to strengthen provider confidence and ensure long-term sustainability.
- ✔ Expand digital analytics and linking digital platforms to DHMIS2 for long term sustainability.
- ✔ Accelerate maternal health initiatives to reduce mortality including maternal mental health integration in perinatal care nationwide; mainstream gender-responsive approaches
- ✔ Operationalize the School Health Policy and scaling up evidence based and equity focused school health interventions
- ✔ Advance WASH in HCF plan (leadership, regulation, financing) with gender/disability-inclusive benchmarks.
- ✔ Utilize climate-health projections to direct adaptive investments and integrate into sector planning/budgets.
- ✔ Deepen national ownership of PRSEAH, strengthening internal safeguarding systems, and ensuring that zero tolerance remains a lived culture across all WHO Ghana operations.
- ✔ Expand and sustain donor and partner relations, internal efficiencies and compliance, and resource optimization for quality outcomes.
- ✔ Sustain immunization gains–HPV routine integration, zero-dose outreach, data quality, workforce continuous learning.
- ✔ Strengthen partnerships/resource mobilization–multiyear compacts, non-traditional partners, FENSA compliance, and donor stewardship with value-for-money analytics

PARTNER ACKNOWLEDGEMENT

We extend our heartfelt gratitude to the Government and people of Ghana for their continued support to the work of the World Health Organization (WHO) at all levels. We are especially thankful to the Ministry of Health and allied institutions for their strong collaboration throughout 2025.

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



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The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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