



MINISTRY OF HEALTH

NATIONAL HUMAN RESOURCE POLICY AND STRATEGIES FOR HEALTH

FEBRUARY, 2020

REVISED EDITION

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Acknowledgments

Preparation of this *National Human Resource Policy and Strategies for Health (NHRPSH)* was carried out in a participatory manner, involving experts from the Ministry of Health (MoH) and its Agencies such as the Ghana Health Service (GHS), Teaching Hospitals and Regulatory Bodies. Other collaborators include the Christian Health Association of Ghana, the Private Sector as well as Non-Governmental Organisations and Development Partners. Technical Working Groups convened several times in meetings and retreats to analyse and formulate policy directions. To create stakeholder ownership and buy-in for the effective implementation of the policy, a Policy Launch and Dissemination Planning Committee was subsequently established by the Ministry of Health to plan for the successful launch and dissemination of the NHRPSH. The Human Resource for Health (HRH) Directorate of the Ministry of Health coordinated the entire process of development and finalisation of the document.

We would like to express our profound gratitude to all who contributed to the completion, launch and dissemination of this policy document. The success of this policy development process depended on the continuous commitment of all stakeholders, including those within the government, Non-governmental organisations, partners and users of the services we provide. The MOH is committed to the implementation of this policy and shall utilise it as a reference document for HRH planning, management, implementation, monitoring and evaluation across the sector.

The Ministry wishes to make special mention of the World Health Organisation (WHO) for providing technical and financial support for the policy development process. Our appreciation goes to the Minister for Health, Hon. Kwaku Agyeman-Manu for his leadership role and passion in pushing for the completion of the process. We wish to also acknowledge the two Deputy Ministers for Health, Hon. Tina Mensah and Hon. Dr. Bernard Oko-Boye, for the tremendous support

they offered to the policy formulation process. Furthermore, we wish to value the special role of Mr. Kwabena Boadu Oku-Afari, the Chief Director of the Ministry, as a convener to ensure that this policy document is successfully finalized. Special thanks also go to Dr. Kwesi Asabir, the Director, Human Resource for Health Directorate (HRHD) and all the other line Directors of the Ministry of Health and their Unit Heads, for providing guidance and administrative support in ensuring completion of this policy document. Our appreciation also goes to the National HRH Ministerial Committee members for their leadership and technical input during the review process. The Ministry of Health wishes to acknowledge the valuable support offered to the process by Nana Kwabena Adjei-Mensah, former Chief Director and Mr. Walter Anati, former Director, HRHD of the Ministry of Health.

Most importantly, without the efforts, commitment and dedication of the members of the Technical Working Group, this document will not have been completed. Therefore, we want to thank the members of the Technical Working Group for sharing their experiences and knowledge and working day and night to complete this document. Lastly, we express our profound gratitude to the members of the Policy Launch and Dissemination Planning Committee and all individuals who, in one way or the other, participated in the policy development process. It is our strong belief that the policy directives set out in this NHRPSH will provide the framework to effectively address the HRH challenges in the country for the improvement of the health and social well-being of all people living in Ghana.

Foreword/Preface

The Ministry of Health (MOH) recognizes that Human Resources for Health (HRH) is the pillar for national development and that a competent, supported and well-motivated skilled workforce is critical for the provision of health care and the performance of the various levels of the health system in Ghana. The MoH further recognizes that continuous learning is a basic requirement for the effective functioning of the health system and personal growth is essential to the wellbeing of all health workers across the sector.

The MoH has therefore developed a comprehensive, coordinated national policy and strategy to guide HRH in collaboration with its main implementing partners and stakeholders, including the Ghana Health Service, Professional and Regulatory bodies, the Christian Health Association of Ghana, Ministry of Education, the Teaching Hospitals, Ministry of Local Government and Rural Development, Ministry of Finance, Non-Governmental Organisations, Community-Based Organisations and Private Sector representatives.

This National Human Resource Policy and Strategies for Health (NHRPSH) is a key step towards ensuring the continued development, deployment and utilization of a suitably qualified, appropriately skilled and motivated Health Workforce. The aim is for health workers to be efficiently deployed to appropriate locations based on defined priorities and needs. In particular, the aim is to support the provision of services and the attainment of Universal Health Coverage as well as the Sustainable Development Goal 3: on ensuring health and wellbeing for all people of all ages in terms of access, quality and financial risk protection in Ghana.

The NHRPSH was developed through a country-led process of extensive consultation and stakeholder involvement. It is therefore expected that this policy will provide comprehensive guidance and direction to all government and MoH Agencies as well as to the

Private Sector and other stakeholders. The MOH, through this policy, will govern the process of planning, developing, utilizing and managing the health sector workforce, including the promotion of a positive work environment that will successfully contribute to the principles and goals for universal health coverage in Ghana.

SIGNED

A handwritten signature in black ink, appearing to read 'Kwaku Agyeman-Manu', written over a horizontal line.

Hon. Kwaku Agyeman-Manu
Minister for Health

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Acronyms

CHAG	Christian Health Association of Ghana
CHPS	Community-Based Health Planning Services
GHS	Ghana Health Service
GOG	Government of Ghana
HR	Human Resource
HRD	Human Resource Division
HRH	Human Resource for Health
HRHD	Human Resource for Health Directorate
HTIs	Health Training Institutions
MOH	Ministry of Health
MP	Member of Parliament
MTDP	Medium Term Development Plan
NHP	National Health Policy
NHRPSH	National Human Resource Policy and Strategies for Health
SDG 3	Sustainable Development Goal 3
WHO	World Health Organisation

Executive Summary

Considerable effort has been made over the past seven years to review existing policies and strategies on Human Resource for Health within the context of reforms in the health sector. This National Human Resource Policy and Strategies for Health document is a guide for the implementation of interventions aimed at improving the health status of all people living in Ghana.

The introduction, chapter one, provides the status of the health workforce of the Ministry as clearly indicated in the background information. This chapter also outlines the scope of the policy, the process used in the preparation of the policy as well as the structure of the policy.

The second chapter presents the global and regional contexts of the policy and narrows down to the national context where the structure of the health system has been indicated.

The third chapter handles the Policy Framework with six key objectives, which the policy intends to achieve, including core values and guiding principles which the policy upholds.

Chapter four focuses on strategies to achieve the key objectives which present key strategies necessary to address the current Human Resource for Health challenges in the health sector.

The fifth chapter presents the implementation framework and this includes the institutional arrangements for implementation and resource mobilization.

Chapter six dwells on monitoring and evaluation steps to be followed to ensure adherence to the demands of the policy.

Finally, the last chapter presents a communication strategy where dissemination plans have been clearly outlined. In this regard, the

collective action by all stakeholders led by the Ministry of Health is expected to facilitate the implementation of this Policy and Strategies to successfully address Human Resource for Health issues in Ghana.

Glossary

Access – The opportunity or ability to obtain the needed health services and benefit from financial risk protection.

Community - A specific group of people, often living in a defined geographical area, who share a common culture, values and Norms, arranged in a social structure according to relationships which the community has developed over some time.

Equity - The absence of avoidable or remediable differences among populations or groups defined socially, ecoNomically, demographically or geographically.

Health - A state of complete physical, social and mental well-being, and Not merely the absence of disease or infirmity.

Health Care - Services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health.

Human Resources for Health - All people engaged in actions whose primary intent is to enhance health.

Intersectoral Approach - An intersectoral approach is the alignment of strategies of intervention and resources between two or more governmental sectors, to achieve complementary objectives involving different actors, both from governmental sectors and Nongovernmental and private entities.

Life Expectancy - the number of years a person can expect to live. By definition, life expectancy is based on an estimate of the average age that members of a particular population group will be when they die.

Multi sectoral Approach - Deliberate collaboration among various

stakeholder groups (e.g. government, civil society and private sector) and sectors (e.g., health, environment and economy) to jointly achieve a policy outcome.

Primary Health Care - Is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Public Health - The approach to health that is concerned with the health of the community as a whole.

Sustainable Development Goals - A collection of 17 goals designed to be a “blueprint to achieve a better and more sustainable future for all”.

Universal Health Coverage - Means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Universal Health Coverage (Ghana Context) - Ghana has defined Universal Health Coverage as “All people in Ghana will have timely access to high quality health services irrespective of ability to pay at the point of use”.

Well-being - A dynamic state of physical, mental and social wellness; a way of life which equips the individual to realize the full potential of his/her capabilities and to overcome and compensate for weaknesses; a lifestyle which recognizes the importance of nutrition, physical fitness, stress reduction, and self-responsibility.

CHAPTER ONE

INTRODUCTION

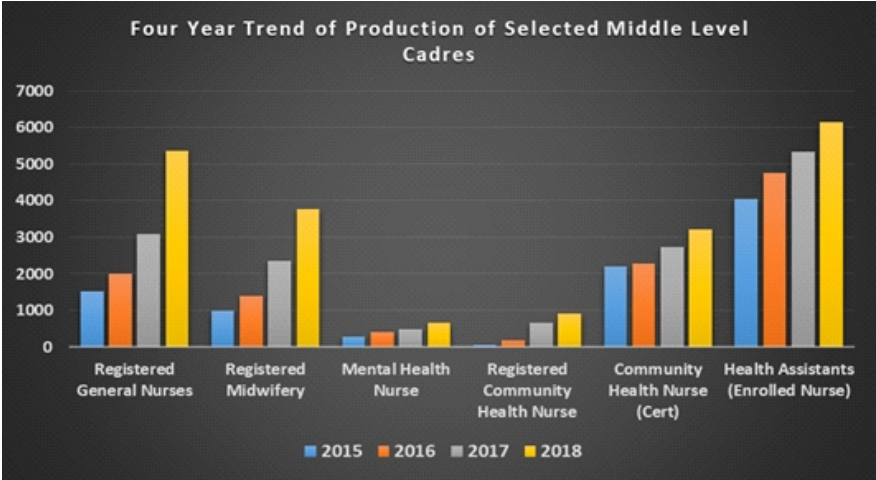
1.1 Background

The Ministry of Health has developed a new National Health Policy (2019-2030) themed “Ensuring the Right to Health”. This policy seeks to guarantee the right to health for all people living in Ghana through the attainment of Universal Health Coverage (UHC) and related Sustainable Development Goal 3 (SDG 3) which is to “Ensure Healthy Lives and Promote Well-being for all at all Ages”.

The major health problems, which affected Ghanaians at independence were primarily communicable, maternal, perinatal and nutritional diseases. However, Ghana Now has a more complex burden of diseases that cuts across all ages, gender, locations and socioecoNomic status groups in the country. Maternal and neonatal health conditions remain a challenge, especially in rural areas and among the poor. Non-Communicable Diseases such as hypertension, strokes, cancers, diabetes, eye disorders, and oral health conditions are among the top illnesses in Ghana. Additionally, Ghana is experiencing improvement in life expectancy resulting in an aging population that presents different conditions, including musculoskeletal and neurodegenerative disorders.

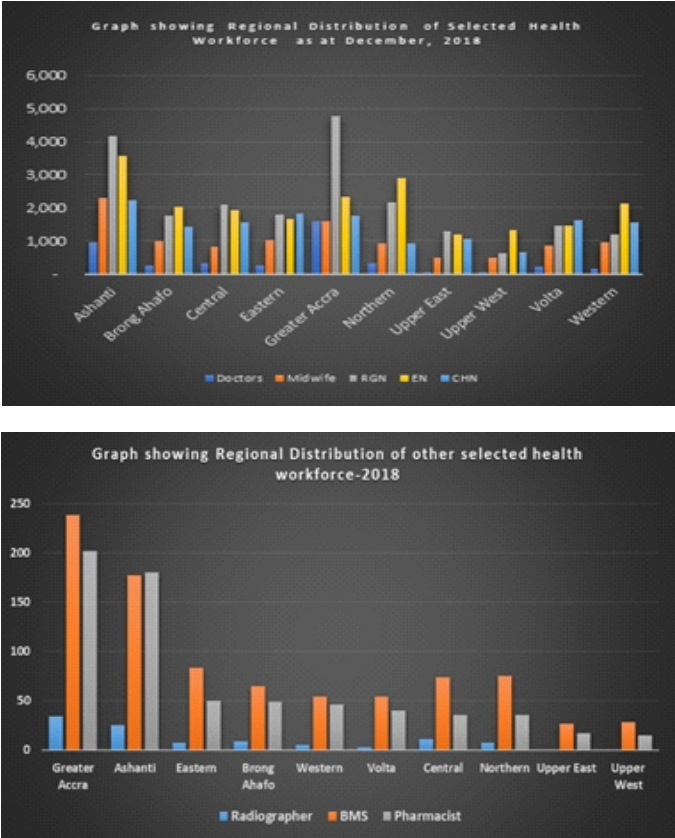
In response to the above, Ghana has made major strides in improving access to health services. This is evident in the increase in the health workforce, particularly Doctors and Nurses, which has resulted in an improvement of the health workforce density from 1.07 per 1,000 population in 2005 to 2.56 per 1,000 population at the end of 2018 (GHS HRD Annual Report, 2018). There has been an expansion in health facilities, and adoption of Community-Based Health Planning Services (CHPS) as a service delivery strategy as well as the introduction of the National Health Insurance Scheme to remove financial barriers to accessing health care services.

The efforts of the Ministry in producing adequate numbers of health professionals (Figure 1) is supplemented by accredited private institutions. However, there is a lack of alignment between training and the needs of the various service delivery Agencies. As a result, the Ministry has recorded over-production of some cadres on one hand while there are instances of under-production of some cadres on the other. Additionally, there are limited avenues for the training of health professionals for new and emerging service delivery areas. In the area of post basic training, available programmes are not adequate to address the service delivery needs. Moreover, training at the Postgraduate levels has seen over-centralization and the accreditation regimes have Not been effectively enforced.



Source: N&MC, Ghana, 2018
Figure 1: Four Year Trend of Production of Selected Middle Level Cadres

Despite the increase in production of certain cadres, the Ministry has experienced several challenges with regards to distribution and ensuring that health professionals get to areas where their services are most needed. In view of this, health professionals especially the highly skilled clinical staff are mainly found in the urban areas with endowed facilities (Figure 2).



Source: MOH, Ghana Payroll Data, 2018

Figure 2: Graph showing Regional Distribution of Selected Health Workforce as at 31st December 2018

Related to the above is the inability of the entire health system to provide and maintain effective measures to attract and retain health professionals in deprived areas thus resulting in instances where the few who accept to work in these deprived areas abandon their posts after few months of stay.

Health worker productivity is a critical determinant in the achievement of the objectives of the Health Sector. Realizing this, the Ministry has initiated several strategies to ensure optimal performance of the health workforce. The challenge has been how to consolidate the various efforts and strategies aimed at enhancing performance management systems at all levels. Another critical driver of performance is the assurance of the health worker that issues relating to his health and safety are paramount to the employer. In view of the importance of health and safety in issues relating to productivity, the Ministry has developed policies and strategies to address them. However, implementation of the various strategies to achieve the overall aim have Not seen much attention.

Human resource governance, even though an important measure in ensuring efficiency, has not received much attention within the health sector as there are No adequate systems and structures at the various levels. Issues relating to operating a reliable human resource information system for the entire health sector, absence of ministerial oversight to ensure uniformity of practices across the various Agencies of the ministry, lack of commitment and agenda for human resource research, monitoring and evaluation, absence of conscious efforts towards leadership and management development and issues relating to gender mainstreaming continue to affect the efficient management of the health workforce in Ghana.

This National Human Resource Policy and Strategies document has been developed to address and respond to the challenges enumerated above and also facilitate the achievement of the objects of the National Health Policy.

The rationale for this policy is to put in place an appropriate framework that ensures an adequate, concerted, and multi sectoral response to strengthening the health workforce in Ghana to support the effective implementation and achievement of the goal of the National Health Policy, which is *“To continuously ensure the provision of appropriate integrated interventions that meet the health and wellness needs of the population”*.

1.2 Scope of the Policy

Provisions in this policy document shall serve as overarching policy directives for the overall health sector of Ghana from which the various Agencies under the Ministry of Health will develop their operational Human Resource Management policies. The health workforce in Ghana shall be managed within the confines of this document. Workforce production, recruitment and management as well as other human resource governance issues shall be inconsonant with the dictates of this Policy.

1.3 Process of Preparing the Policy

This Policy was developed under the stewardship of the HoNourable Minister for Health, Kwaku Agyeman-Manu (MP) (Appendix A). An Inter-Agency Steering Committee under the leadership of the former Chief Director of the Ministry of Health, Nana Kwabena Adjei-Mensah, provided direction and guidance from commencement through to the completion of the process. The technical work was handled by a Technical Working Group (Appendix B) constituted by the Ministry, of whose membership was drawn from sector Agencies. A draft document was subjected to a thorough stakeholder consultation, review and validation process. The stakeholders were made up of seasoned and experienced health professionals in diverse fields drawn from all Agencies under the Ministry, Quasi-Government Health Facilities, Private Sector, Development Partners and other relevant Ministries and Agencies.

1.4 Content and Structure

This policy and strategies document is organized into seven chapters. Chapter one deals with background and situational analysis, the scope of the policy and the process of preparing this document. The second chapter covers the global, national and sector level contexts for developing this policy document as well as the structure of the health sector in Ghana. Chapter three defines the policy framework including the policy theme, vision, goals as well as key objectives for the policy. It also explains the guiding principles underlining the Human Resource Policy and Strategies document. In chapter four, strategies to achieve the key objectives for this Policy are outlined while chapter five outlines the implementation framework including the institutional arrangements for implementation and resource mobilization. Monitoring and Evaluation of the implementation of the Policy and Strategies are discussed in chapter six of the document while chapter seven discusses the communication and dissemination strategy of the policy and strategies document.

CHAPTER TWO

THE POLICY CONTEXT

2.1 Global and Regional Context

The National Human Resource for Health Policy recognizes several global, regional and sub-regional compacts and policy frameworks including the United Nations Sustainable Development Goals (SDGs) themed, “Transforming our World: the 2030 Agenda for Sustainable Development”. It also draws inspiration from the World Health Organisation Africa Regional Office Road Map for scaling up Human Resources for Health for improved health service delivery in the Africa Region (2015-2020) and the Global Strategy on Human Resources for Health: Workforce 2030 as well as support from the West African Health Organisation Strategic Plan 2016-2020 for the Development of Human Resource for Health.

2.2 National Context

This policy derives inspiration from Article 34 (2) of the 1992 Constitution of the Republic of Ghana- Directive Principles of State Policy which among others, requires the state to ensure the realization of the right to good health care. It has also been inspired by the overall National Policy Framework developed by the National Development Planning Commission called the ' Coordinated Program of Economic and Social Development Policies (2017-2024).

The policy further recognises some other key national legal frameworks including:

- Civil Service Law 1993 (PNDCL 327);
- Public Service Commission Act 1994 (Act 462);
- Labour Act 2003 (Act 651);
- Workman's Compensation Act 1987 (PNDCL 187).

2.2.1 Sector Level

This policy is built on the tenets of the National Health Policy (NHP 2020) themed “Ensuring Healthy Lives for All” and the Universal Health Coverage Roadmap for Ghana (2020 – 2030). It is further aligned to other key sector-wide service delivery strategies including the Community-Based Health Planning Services (CHPS) Policy, which is considered key to the attainment of the Universal Health Coverage at the Primary Health Care Level.

2.2.2 Structure of the Health System

The Ministry of Health is the central government body responsible for improving the health status of all people living in Ghana, through the development of policies for both public and private sector institutions, resource mobilization and allocation, monitoring and evaluation.

Under the Ministry are various Agencies some of which are concerned with service delivery, regulation, health financing, training and research that operate at national, regional, district, sub-district and community health levels.

CHAPTER THREE

THE POLICY FRAMEWORK

3.1 Overarching National Human Resource for Health Policy Statement

Ensure equitable access to the appropriate quality and quantity of health workforce

There shall be an adequate health workforce with the requisite knowledge, skills, competencies and attitude, who are equitably distributed, and motivated to provide the needed quality of healthcare in both public and private sectors as well as in rural and deprived areas. The operation of health training institutions will be streamlined and improved. There will be a conscious effort to recognize and support the training of specialist cadres of all categories of health professionals. (NHP 2020)

3.2 Theme

“Aligning HRH policies and strategies with the National Health Policy to address the health needs of all people living in Ghana”

3.3 Vision

“To have a readily available highly skilled, motivated and diverse workforce responding to the health needs of all people living in Ghana”.

3.4 Goal

The overall goal of this Human Resource Policy and Strategies is to ensure the availability of the required motivated health workforce with the requisite knowledge, skills, competencies and attitude, equitably distributed and providing the needed quality healthcare at all levels.

3.5 Key Objectives

1. To train and develop requisite numbers and mix of health workforce.
2. To ensure fairness and transparency in recruitment processes as well as the equitable distribution of health professionals.
3. To develop and institute mechanisms to ensure the retention of the health workforce serving in deprived or underserved locations/facilities.
4. To ensure the optimal performance of the health workforce in a bid to achieving productivity.
5. To operate an effective governance system across the spectrum of the health sector.
6. To engender and sustain effective collaboration with the private sector and other relevant stakeholders.

3.6 Core Values and Guiding Principles

The policy *upholds* the following main principles of:

- Stewardship and integrity;
- Professionalism;
- Equal opportunity and gender mainstreaming;
- Ethical standards and client rights;
- Fairness and transparency;
- Strategic partnerships;
- Multi sectoral collaboration.

CHAPTER FOUR

STRATEGIES TO ACHIEVE THE KEY OBJECTIVES

Key Objective 1: To train and develop requisite numbers and mix of health workforce

The Ministry of Health derives the majority of its Human Resource needs from the training institutions categorized into Pre-Services, Post-basic and Postgraduate. The Ministry will therefore adopt the following Strategies to achieving the above key objective.

Pre-service

Strategic Objective 1:

Ensure availability of Middle Level Health Professionals needed to address Health delivery needs

- i. The Health Sector shall streamline intake into the various training institutions and design programmes that address the projected needs of the various Agencies.
- ii. In ensuring the above, appropriate projection models shall be used to project the Human Resource needs of the entire health sector (both public and private) to address new services, new facilities as well as new equipment.
- iii. The contribution of the private sector in the training of Middle Level Health Professionals shall be directed towards areas clearly defined by the Ministry of Health, with corresponding quotas.
- iv. MOH shall develop mechanisms for the training of adequate numbers and mix of health professionals for local and international services.
- v. MOH shall develop modalities for the admission and training of prospective foreign students.

Post Basic Training

Strategic Objective 2:

To develop appropriate skills for specific and identified service area needs

The Ministry shall:

- i. Undertake a review and revamp existing institutions and systems for training in appropriate skills identified in service delivery areas.
- ii. Undertake a comprehensive analysis of the existing Post Basic Training Needs, identify gaps and design appropriate training programmes to address the gaps as well as emerging service delivery areas.

Postgraduate Training

Strategic Objective 3:

To make Postgraduate Training accessible and encompassing to meet the current and emerging service delivery needs

The Ministry shall:

- i. Develop and implement measures to ensure complete decentralisation of administration of Postgraduate Training programmes.
- ii. Identify and resource selected health facilities to serve as training sites for Postgraduate Training to support the decentralisation drive.
- iii. Collaborate with relevant stakeholders to periodically review Postgraduate Training and expand the existing scope of training to meet current and emerging service delivery needs.

Financing of Postgraduate Training

Strategic Objective 4:

To ensure sustainable and cost effective Postgraduate Training programmes in Ghana

The Health Sector shall:

- i. Establish dedicated funding to support Postgraduate Training programmes to train highly skilled professionals especially in needy and deprived areas.
- ii. Take pragmatic steps to ensure the sustainability of funding and an enforceable bonding system.
- iii. In collaboration with relevant stakeholders (private and public), develop and implement pragmatic and acceptable forms of training that are cost effective.

Accreditation of Training Institutions and Facilities

Strategic Objective 5:

To ensure standardization and quality of training of Health Professionals

The Ministry shall:

- i. Set standards and requirements for institutions that train various health professionals in Ghana, including requirements for teaching and Non-teaching appointments.
- ii. Support regulatory bodies under the Ministry to exercise their mandate conferred by their respective enabling Acts and ensure strict adherence to the set standards.
- iii. Collaborate with State Agencies responsible for accreditation to ensure that Institutions seeking accreditation to train health professionals in Ghana meet the set standards.

Key Objective 2: To ensure fairness and transparency in recruitment processes as well as equitable distribution of Health Professionals

The attainment of Universal Health Coverage requires the availability of health professionals at all levels of health delivery. The Ministry of Health shall therefore ensure that the available health workforce is equitably distributed through the following strategies:

- i. Agencies have updated Human Resources Recruitment Plans based on staffing Norms to determine skills and numbers required.
- ii. Equal job opportunities are available for all Ghanaians who have the requisite qualifications and license to practice in the various health delivery fields irrespective of source of training.
- iii. Implementing Agencies fully decentralize recruitment processes to ensure the attraction of professionals to needy areas.
- iv. The needs of various Agencies determined through the application of staffing Norms are used as a basis for bulk financial clearance.
- v. Sound recruitment practices including advertising vacancies and organizing competitive job placement interviews are adopted by all Agencies.
- vi. Areas with gross deficiencies are considered and specific allocations of health professionals in specialized fields are made.
- vii. Mechanisms for the equitable distribution of trained health professionals (local and international) are developed.

Key Objective 3: To develop and institute mechanisms to ensure retention of the health workforce serving in deprived or underserved locations/facilities.

Ensuring continuous availability of workforce at all levels is key to the sustainability of health interventions. To this end, the Ministry and its Agencies shall develop and institute systems that would retain health professionals in deprived/underserved areas through the following strategies.

The Ministry shall:

- i. Identify and define areas considered deprived/hard-to-reach in the country.
- ii. Empower and support Implementing Agencies to develop and implement location-specific incentive packages.
- iii. Ensure that other Human Resource Management practices are made favourable to employees serving in deprived/underserved areas to serve as pull and retention factors.

Key Objective 4: To ensure the optimal performance of the health workforce in a bid to achieving productivity

The Ministry devotes an appreciable percentage of its annual budget towards the payment of personnel emoluments of employees at all levels of health service delivery. To ensure efficiency and better outcomes of this investment, the Ministry shall implement the following strategies:

Strategic Objective 1:

To ensure optimal performance of the health workforce at all levels

The Ministry shall:

- i. Clearly define and set indicators for measuring productivity within the health sector of Ghana.
- ii. Ensure that all Implementing Agencies develop and implement performance management systems that address their peculiar needs at all levels.
- iii. Use the outcome of performance management systems and processes for in-service training and other capacity development interventions.
- iv. Coordinate and standardize various efforts by Implementing Agencies aimed at monitoring and supportive supervision for better output.
- v. Ensure that basic logistics required for services are always readily available.

Strategic Objective 2:

To promote and maintain the highest degree of physical, mental and social well-being of health sector employees

The Ministry shall:

- i. Ensure that all Agencies develop and implement comprehensive re-insurance systems to cater for the health needs of employees and their registered immediate families.
- ii. Take steps to harmonize all existing policies and guidelines on Occupational Health and Safety and set up systems to ensure the implementation of provisions on health and safety in the various conditions of service and collective agreements.
- iii. Ensure that all Agencies provide basic and appropriate logistics for use by employees to prevent ergonomic and other injuries at work.

- iv. Ensure that all Agencies develop and implement comprehensive employee assistance programmes to provide psychological and emotional support to employees in times of need.

Key Objective 5: To ensure an effective governance system across the spectrum of the health sector

Governance is at the heart of any successful organisation. To enable the Ministry to attain its vision which will be propelled by the available workforce, human resource governance systems within the health sector shall be strengthened through the following strategies:

Strategic Objective 1: To strengthen leadership and management capacities at all levels

The Ministry and its Agencies shall:

- I. Make conscious efforts to strengthen leadership and management capacities at all levels.
- ii. Develop and implement sound succession planning systems.
- iii. Identify leadership and management positions at all levels and determine their corresponding requirements.
- iv. Incorporate components of Leadership and Management Development programmes into all training programmes under the auspices of the Ministry of Health.
- v. Develop, implement and sustain coaching and mentorship systems at all levels.

Strategic Objective 2:

To exercise effective ministerial oversight responsibility over all Agencies to ensure compliance

The Ministry shall:

- I. Ensure effective monitoring and evaluation of the Human Resource Policy and Strategies.
- ii. Provide policy directives to guide the operations of its Agencies.

Strategic Objective 3:

To harmonize and maintain a functioning Human Resource Information System

The Ministry shall:

- i. Create an interface with the existing Human Resource Information Systems used by the various Agencies to generate a comprehensive database for the Health Sector.
- ii. Develop and implement strategies to ensure continuous updating of the existing Human Resource Information Systems.
- iii. Revamp the Human Resource for Health Observatory.

Strategic Objective 4:

To strengthen Human Resource Research, Monitoring and Evaluation

The Ministry shall:

- i. Institute monitoring systems to ensure compliance and uniformity across the Agencies.
- ii. Set periodic HR Research agenda for the entire health sector.
- iii. Encourage and support interested employees to undertake research activities in the defined areas.
- iv. Use the research outcomes to improve performance.

Strategic Objective 5:

To achieve integration of gender mainstreaming and related issues in routine management practices

The Ministry shall:

- i. Ensure integration of gender-related issues in all activities of the Ministry and its Agencies
- ii. Ensure alignment between HR practices, procedures and requirement of the sector policy on gender mainstreaming

Key Objective 6: To engender and sustain effective collaboration with the private sector and other relevant stakeholders

The private sector constitutes a crucial part of the Health delivery system in Ghana. It complements the effort of the Public Sector in the area of training and service delivery. In view of its role in the production and development of health workforce, the Ministry shall develop, implement and sustain appropriate collaboration and support through the following strategies:

- i. In the area of training and capacity development, the Ministry shall collaborate with the private sector to identify facilities that could be accredited and used as training sites.
- ii. In the area of service delivery, the Ministry shall explore the possibility of providing support in terms of the health workforce to private facilities to provide the needed health care, especially in deprived areas.

CHAPTER FIVE

IMPLEMENTATION FRAMEWORK

5.1 Institutional Arrangements for Implementation

The implementation of the National Human Resource Policy and Strategies for Health shall be a collective action by all stakeholders led by the MoH. The Ministry shall establish mechanisms that ensure that Agencies and other stakeholders develop strategies and guidelines to operationalize the policy objectives.

The Ministry of Health recognizes that the implementation of this policy and strategies will require financial support. To this end, the Ministry and its Agencies will provide the requisite budgetary allocation towards its successful implementation.

5.2 Resource Mobilisation

Mobilizing the requisite resources is key for policy implementation and success. These include financial and human resources as well as materials/logistics. It shall be the responsibility of the Ministry to mobilize resources from both local entities and international organisations to implement the strategies.

Agency Heads shall also use innovative approaches to mobilize domestic resources in their localities to support central government funding of the health sector.

Financing options will include but not be limited to:

1. GOG Budgetary Support
2. Internally Generated Funds
3. Development Partners Support
4. Corporate Bodies
5. Civil Society Organisations
6. Non-Governmental Organisations
7. Public Private Partnerships
8. Individuals and Philanthropists

The cost of implementation of all strategies and activities shall be determined through the annual program of work of the Ministry and its Agencies.

CHAPTER SIX

MONITORING AND EVALUATION

The Ministry shall undertake periodic monitoring and evaluation of implementation of the policy and strategies contained in this document. This is to ensure adherence to the demands of the policy and facilitate review when so required.

The Monitoring and Evaluation will be done using tools and structures of the Ministry to determine how much progress is being made towards the attainment of the stated policy objectives (Table 1). There will be regular information sharing and feedback among all stakeholders regarding the progress of implementation of the policy.

6.1 Monitoring and Evaluation Arrangements

Table 1: Monitoring Indicators

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
Proportion of Agencies of the MoH with projected health workforce needs	Estimated number of health workforce needed by each Agency of the MoH in a period	No. of Agencies with Projected health workforce needs/ Total No. of Agencies of the MoH X 100	100%	Agency HR Plan	Annually	Agency HR	MoH HR
Proportion of Middle Level Health Workforce trained by the Private Sector	Production of Middle Level Health Workforce by the Private Sector	No. of Health workforce trained by the Private Sector within a period/Total Health workforce trained within the period X 100		HTI, Health Professionals Regulatory Agencies	Annually	Private Sector, Health Professionals, Training Institutions	MoH HR
Proportion of New Post basic training programmes introduced to address emerging service Needs	Number of New Programmes introduced to address health needs of the country			HTI, Health Professionals Regulatory Agencies	Annually	Post Basic Health Professionals, Training Institutions	MoH HR
Percentage change in postgraduate training sites	The difference between a current year's number of training sites and the previous year's number of training sites expressed as a percentage of the previous year's number of training sites	No. of training sites in current year minus No. of training sites in previous year/No. of training sites in the previous year X 100		Postgraduate Training Colleges	Annually	Postgraduate Training Facilities	MoH HR

Indicator/Variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
Percentage change in postgraduate training programmes	The difference between a current year's number of postgraduate training programmes and the previous year's number of postgraduate training programmes expressed as a percentage of the previous year's number of postgraduate training programmes	No. of postgraduate training programmes in current year minus No. of postgraduate training programmes in previous year/No. of training sites in the previous year X 100		Postgraduate Training Colleges	Annually	Postgraduate Training Facilities	MoH HR
Proportion of Postgraduate accredited training sites at: • Tertiary Care Level: • Secondary care level, • Primary care Level and • Private sector Levels	Relative number of accredited postgraduate training sites at the different levels within the total number of accredited training sites in the Country	No. of training sites at the different levels /Total number of accredited training sites nationwide		Postgraduate Training Colleges	Annually	Postgraduate Training Facilities	MoH HR
Proportion of Health Sector budget allocated to Postgraduate Training	Relative budget allocated to postgraduate training within the total budget allocation to the health sector	Total budget allocated to Postgraduate /Total budget allocated to the health sector		Postgraduate Training Colleges MoH PPM/Finance	Annually	Postgraduate Training Facilities	MoH HR
Proportion of Health Professional Training Institutions	Relative number of health training institutions with appropriate accreditation by			HTI, Health Professionals	Annually	HTIs, Health Professional	MoH HR

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
with appropriate Accreditation: Public - Private -	sector (Public/Private) to total health professionals training institutions with appropriate accreditation			Regulatory Bodies		Regulatory Bodies	
Proportion of Agencies with Recruitment Plan & Budget	Relative number of Agencies with Recruitment Plan with budget to total number of Agencies of the Ministry of Health	No. of Agencies with Recruitment Plan & Budget/Total number of Agencies of the MoH		Agency HR Units	Annually	CEOs of Agencies	MoH HR
Health Human resources density ratio per 10,000 population	Total No. of health human resources (relative to the population).	Total No. of health workers in Ghana/ (Total population of Ghana)		MoH HR Directorate	Annually	MoH HR	MoH HR
Health Human resources density for Rural Areas ratio per 10,000 population	Total No. of health human resources in rural areas (relative to the population)	Total No. of health workers in rural areas/ Total population of rural area		MoH HR Directorate	Annually	MoH HR	MoH HR
Number of primary health care cadre as a percentage of the total number of health care cadres	The number of primary health care cadres available in a country relative to the total population subset by type of health worker.	Total No. primary health care cadre/ total health care cadre x 100		GHS CHAG	Annually	MoH HR	MoH HR
Skills mix	Distribution of HRH by occupation, specialization, or other skill-related characteristic.	No. of specific health professional (or other categories of health service providers) /Total No. of health workers		MoH HR Directorate	Annually	MoH HR	MoH HR

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
Geographical distribution	Rural to urban distribution of HRH	Density of human resources for rural areas of the country (total physicians, nurses, and midwives per 10,000 population)/Density of human resources for urban areas of the country (total physicians, nurses, and midwives per 10,000 population)		MoH HR Directorate	Annually	MoH HR	MoH HR
Age distribution	Distribution of Health Workforce by age group.	No. of health workers of a given age group/ Total No. of health workers		MoH HR Directorate	Annually	MoH HR	MoH HR
Gender distribution	Distribution of Health Workforce by sex.	No. of female (or male) health workers/ Total No. of health workers		MoH HR Directorate	Annually	MoH HR	MoH HR
% Agency Distribution	Distribution of health workers by Agencies of the Ministry of Health.	No. of health workers employed in the various Agencies of the Ministry /Total No. of health workers		MoH HR Directorate	Annually	MoH HR	MoH HR
% of primary health care workforce (Critical Cadres)	No. of primary health care cadres as a percentage of the total No. of same cadres.	Total No. of primary care cadres x 100/ Total No. of same licensed Cadres in Ghana		MoH HR Directorate	Annually	MoH HR	MoH HR
% of secondary health care workforce (Critical Cadres)	No. of secondary health care cadres as a percentage of the total No. of same Cadres.	Total No. of secondary health care physicians x 100/ Total No. of same licensed Cadres in Ghana		MoH HR Directorate	Annually	MoH HR	MoH HR

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
% of tertiary health care workforce (Critical Cadres)	No. of Tertiary health care cadres as a percentage of the total No. of same cadres.	Total No. of Tertiary health care physicians x 100/ Total No. of same licensed cadres in Ghana		MoH HR Directorate	Annually	MoH HR	MoH HR
Applicants accepted (No. and %), per cadre	No. and % of applicants accepted for health education training programs, per cadre.	No. of applicants accepted into a specific education program to become a health worker/No. of applicants to a specific education program to become a health worker		HTI Secretariat	Annually	Health Training Institutions Secretariat,	MoH HR
% of health schools accredited	Schools of clinical health sciences and, specifically, public health accredited by a recognized accreditation body.	No. of accredited schools of clinical health sciences or schools of public health x 100/Total No. of schools of clinical health sciences or schools of public health		Health Professionals Regulatory Bodies	Annually	Health Training Institutions Secretariat,	MoH HR
% of training programs that match or surpass position requirements	Current % of training programs for the designated professional groups (nurses, nursing auxiliaries, health technicians, and community health workers) that match or surpass the stated requirements for current employment positions.	Total No. of training programs that match or surpass requirements x 100/ Total No. of training programs for the designated health professions		Health Professionals Regulatory Bodies	Annually	Health Training Institutions Secretariat, Health Professional Regulatory Bodies	MoH HR
Workforce loss ratio	Ratio of exits from the health workforce	Number of health workers who left the active labour force in the last year/Total number of health workers			Annually	Agency HR Managers	MoH HR

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
Existence of job boards to facilitate recruitment of newly trained health workers				Ideally assessed through routine administrative records (MoH, Ministry of Employment and Labour Relations, Ministry of Foreign Affairs, professional regulatory bodies, Associations of private providers).	Annually	MoH HR	MoH HR
Number of newly graduated health workers who are employed in the health sector within 3 months of graduation (or other nationally defined time period), per cadre				MoH HR Directorate	Annually	MoH HR	Chief Director
Number of newly graduated or licensed health workers who are				MoH HR Directorate	Annually	MoH HR	Chief Director

Indicator/Variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
diverted from the health sector (e.g. unemployed, migrate, choose Not to work, or work in a Non-health job), per cadre							
Proportion of Agencies with location-specific incentive packages	Total No. of Agencies with location-specific incentives (relative to the total number of Agencies of the Ministry of Health)	No. of Agencies with location-specific incentives/Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies implementing the Incentive packages developed	Total No. of Agencies implementing location-specific incentives (relative to the number of Agencies of the Ministry of Health)	No. of Agencies implementing their location-specific incentives/Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies of the MoH with clearly defined Measurable Productivity Indicators	Total No. of Agencies with clearly defined measurable productivity indicators (relative to the number of Agencies of the Ministry of Health)	No. of Agencies with clearly defined measurable productivity indicators/Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
% of Agencies of the Ministry whose chief executive signed performance contract with the Board	Total No. of Agencies whose CEOs signed Performance contract with their respective Boards (relative to the number of Agencies of the Ministry of Health)	No. of Agencies whose CEOs signed Performance contract with their respective Boards /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
% of Agencies of the Ministry whose Directors signed performance contract with the CEO	Total No. of Agencies whose Directors signed performance contract with their respective CEOs (relative to the number of Agencies of the Ministry of Health)	No. of Agencies whose Directors signed performance contract with their respective CEOs /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
% of Agencies of the MoH with re-insurance system to cater for staff and immediate families	Total No. of Agencies with re-insurance systems (relative to the number of Agencies of the Ministry of Health)	No. of Agencies with re-insurance systems /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
% of Agencies of the MoH with employee assistance programmes/system to support staff emotionally and psychologically	Total No. of Agencies with employee assistance programmes (relative to the number of Agencies of the Ministry of Health)	No. of Agencies with employee assistance programmes /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies monitored and evaluated on the implementation of the HR Policy compliance	Total No. of Agencies monitored on the implementation of the HR Policy (relative to the number of Agencies of the Ministry of Health)	No. of Agencies monitored and evaluated on the implementation of the HR Policy and Strategies /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually		
Proportion of Agencies that developed and implemented coaching and mentorship systems	Total No. of Agencies that developed and implemented coaching and mentorship systems (relative to the number of Agencies of the Ministry of Health)	No. of Agencies that developed and implemented coaching and mentorship systems /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
% of Agencies that developed succession plan systems for Directors, and Heads of Departments	Total No. of Agencies that developed and implemented a succession plan system (relative to the number of Agencies of the Ministry of Health)	No. of Agencies that developed and implemented a succession plan system /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies with HRIS having data fields appropriate to inter-phase MoH HR Database on Human Resource	Total No. of Agencies with HRIS having the approved data fields appropriate to inter-phase MoH HR Database (relative to the number of Agencies of the Ministry of Health)	No. of Agencies with HRIS having the approved data fields appropriate to inter-phase MoH HR Database /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
No of HR related Operational Research conducted by Agencies	List of HR Operational Research conducted	List of HR Operational Research conducted		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies using the HR operational Research outcomes to improve performance	Total No. of Agencies that implemented outcomes of HR operational research conducted (relative to the number of Agencies of the Ministry of Health)	No. of Agencies that implemented outcomes of HR operational research conducted /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director
Proportion of Agencies that mainstreamed Gender related issues into Agencies routine management practices	Total No. of Agencies that mainstreamed Gender related issues in their routine management practices (relative to the number of Agencies of the Ministry of Health)	No. of Agencies that mainstreamed Gender related issues in their routine management practices /Total number of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director

Indicator/V variables	Definition/Description	Method of Calculation	Target (what is the target value?)	Data source (how will it be measured?)	Frequency (how often will it be measured?)	Responsible (who will measure it?)	Reporting (where will it be reported?)
Proportion of Agencies Budget spent on Leadership and Management Development Programmes	Total Agencies' budget spent on Leadership and Management Development programmes (relative to the number of Agencies of the Ministry of Health)	Total Agencies' budget spent on Leadership and Management Development programmes /Total Budget of Agencies of the Ministry of Health		Agency HR Directorates/ Departments/ Units	Annually	CEOs of Agencies	Chief Director

6.2 Review of the Policy

The implementation of this policy and strategies will be continuously monitored to ensure that it is achieving its intended purpose. The Ministry shall undertake comprehensive review when it notices that the provisions are not yielding the intended purpose and also in response to developments within the health sector both locally and internationally.

CHAPTER SEVEN

COMMUNICATION STRATEGY

7.1 Communication and Policy Dissemination

The Ministry recognizes that effective communication is an integral component of the dissemination of policies including this Policy and Strategies on Human Resource. In this regard, the Ministry will employ all available communication channels and systems to bring the content of the policy to the notice of managers, staff and other relevant stakeholders in the sector.

The aims of the communication and policy dissemination strategy will be to raise awareness in ensuring that, health staff and all stakeholders in the health sector appreciate the role they play in ensuring the effective implementation of the policy as well as key strategies.

The following steps shall be considered for the dissemination of the policy:

- a) National Launching of the document;
- b) Involvement of the Ministerial Committee on Human Resource;
- c) Regional and institutional dissemination of the policy.

There shall be a National Launching of this policy to ensure that all key stakeholders and partners both local and international understand the major highlights of the document as well as have a buy-in for a successful implementation.

The Ministerial Committee on Human Resource shall oversee and give direction to ensure the effective dissemination of the policy at all levels. Terms of Reference will be developed by the Ministry of Health to ensure standardization of the dissemination process.

The private sector and other relevant Agencies as well as stakeholders shall be proportionally oriented on the Policy and encouraged to adopt the provisions of the Policy in their routine management processes.

APPENDICES

A. NATIONAL HRH MINISTERIAL COMMITTEE MEMBERS

No	Name	Position	Institution/ Organisation
1	Hon. Kwaku Agyeman-Manu	Minister	MoH
2	Hon. Tina Mensah	Deputy Minister	MoH
3	Hon. Bernard Oko-Boye	Deputy Minister	MoH
4	Mr. Kwabena Boadu Oku-Afari	Chief Director	MoH
5	Dr. Kwesi Asabir	Director, HRHD	MoH
6	Dr. Anthony Nsiah-Asare	Director General,	GHS
7	Dr. Oheneba Owusu-Danso	Chief Executive Officer	KATH
8	Dr. Baffour Awuah	Special Advisor, HR	MoH
9	Mr. Felix Nyante	Registrar	NMC
10	Alhaj Dr. Mohamed Bin Ibrahim	National Coordinator	AMHSG
11	Dr. Samuel Opoku	Registrar,	AHPC
12	Dr. Akwasi Osei	Chief Executive Officer	MHA
13	Mr. Peter Yeboah	Executive Director	CHAG
15	Dr. David Zawumya Kolbilla	Former C.E.O	TTH
16	Dr. Daniel Asare	Former C.E.O	KBTH
17	Dr. Samuel Annor	Former C.E.O	NHIA
18	Colonel R. K. Gator	Director Admin/HR	37 Military Hospital
19	Dr. Isaac Morrison	President,	Private Hospital Association
20	Dr. Isaac Ngyedu	Chief Executive Officer	CCTH
21	Dr. Marian Tetteh Korbo	Medical Director	Police Hospital
22	Dr. Emmanuel Ankrah Odame	Director, PPME	MoH
23	Nana Kwabena Adjei-Mensah	Former Chief Director	MoH
24	Mr. Walter Anati	Former Director, HRHD	MoH

B. TECHNICAL WORKING GROUP

No	Name	Position	Institution/ Organisation
1	Dr. Kwesi Asabir	Director, HRHD	MoH
2	Dr. Baffour Awuah	Special Advisor on HR	MoH
3	Dr. Emmanuel Ankrah Odame	Director, PPME	MoH
4	Mr. Samuel Akotuah Atweri	Director, HR,	KBTH
5	Mr. Peter Obiri-Yeboah,	Deputy Director, HR,	GHS
6	Mr. Simon Yao Dzokoto	Dep. Director, Res & Moni	MoH
7	Mr. Evans Owusu-Ansah	Deputy Director, Finance	KATH
8	Mr. Samuel B.K Nugblega	Deputy Director, HR	CHAG
9	Mrs. Yaa Pokuaa Baiden	Dep. Director, Admin/HR	NHIA
10	Mr. Hamza Jamani	HR Manager	NMC
11	Mrs. Juliana Agyeiwaa Dartey	DDNS	Police Hospital
12	Dr. Isaac Morrison	President	Private Hospital Association
13	Mr. Obeng Asomaning	Deputy Director, HR	MHA
14	Mr. George Gyimah Ofori	Asst. Deputy Secretary	PSC
15	Mr. James Avoka Asamani	Health Economist	GHS
16	Mrs. Sandra Kesse Amankwah	Deputy Director	NDPC
17	Mr. Eugene Snyder	HR Manager	37 Military Hospital
18	Mr. Lawrence Lawson	Dep. Director, HR	MoH
19	Mrs. Comfort Ashiagbor	Dep. Director, HRM	MoH
20	Mr. Victor Francis Ekey	Dep. Director, HRP	GHS
21	Mr. Kwadwo Owusu-Manu	Prin. Adm. Manager, HR	MoH
22	Mr. Walter Anati	Former Director, HRHD	MoH

C. SECRETARIAT SUPPORT

No	Name	Institution/Organisation
1	Mrs. Grace Otabil	HR, MoH
2	Ms. Hasnawu Issahaque	HR, MoH
3	Ms. Cynthia Naa Dedei Armah	HR, MoH

D. POLICY LAUNCH AND DISSEMINATION PLANNING COMMITTEE

No	Name	Position	Institution/ Organisation
1	Dr. Kwesi Asabir	Director, HRHD	MoH
2	Freda Agyei Asare	Deputy Director, HRHD	MoH
3	Esi M. Oklu	Deputy Director, Admin	MoH
4	Joana Abakah-Yamoah	Deputy Director, HRHD	MoH
5	Agyemang Karikari Marfo	Head Planning, HRHD	MoH
6	Benjamin Nyakutsey	Deputy Director, PPME,	MoH
7	Lucas Annan	Senior Admin Manager, PPME	MoH
8	Grace Otabil	Programmes Officer, HRHD	MoH
9	Rita Osei Adjei	Asst. Programmes Officer	MoH

CO-OPTED MEMBERS

No	Name	Position	Institution/ Organisation
1	Elorm Ametepe	Head, PRO	MoH
2	Alexander Gyedu Yeboah	I. T. Manager	MoH
3	Kwaku Owusu Bempong	Assistant Programmes Officer	MoH
4	Alfred Sekyere Mbrokoh	I. T. Manager	MoH