Healthcare Transformation Policy Recommendation

Ghana Agenda 2046-From Patchwork Reform to Resilient Healthcare for All

Prepared by

Black Star Summit

Submitted to:

Ministry of Health

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EXECUTIVE SUMMARY

Problem Statement

Ghana's health system is structurally fragile. Despite incremental gains since the establishment of the National Health Insurance Scheme (NHIS) in 2003, frontline primary care – the CHPS system and primary care hubs – remains chronically under-resourced and under-staffed. Specialist care is concentrated in urban teaching hospitals, creating dysfunctional referral pathways and dangerous overcrowding at the tertiary level. Out-of-pocket expenditure continues to push households into poverty, and a severe maldistribution of the health workforce leaves rural districts underserved. Without deliberate structural reform anchored in sustained investment, these dynamics will worsen as Ghana's population grows toward 40 million.

Vision

> **Vision Statement**
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> A preventive, equitable, technology-enabled Ghanaian health system that provides universal access to quality primary care regardless of geography or income – underpinned by strong referral pathways, affordable specialist care, and a health financing architecture that leaves no Ghanaian behind.

Proposed Solution

Ghana Agenda 2046 deploys $100 million as catalytic capital – not to solve every problem directly, but to trigger the structural and policy reforms that build health systems capable of outlasting political cycles. The investment is organised across five strategic areas: Primary Care Strengthening ($25M); Digital Health Infrastructure ($20M); Referral Centre Upgrades ($20M); Workforce Development ($15M); and Prevention and Public Health ($10M), supported by Policy, Research and M&E ($5M) and an Innovation and Contingency Reserve ($5M).

Funding Request

> **Total Funding Request: $100,000,000 (Catalytic Investment Framework)**
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> This proposal requests $100 million as catalytic capital to seed structural reform. These funds are designed to trigger co-financing from Ghana's domestic revenues, the private sector, and international development partners – building a system that eventually funds itself through stronger national prosperity. The $100M is the catalyst, not the ceiling.

Expected National Impact

If fully implemented over 20 years (2026–2046), Ghana Agenda 2046 will deliver the following measurable outcomes:

- Reduce under-5 mortality by 50%
- Reduce maternal mortality by 40%
- Achieve 95% of the population within 30 minutes of a functional primary health care facility
- Reduce out-of-pocket health expenditure by 50%
- Achieve greater than 85% patient satisfaction nationally
- Implement interoperable Electronic Health Records in 100% of public facilities by Year 12
- Reduce inappropriate tertiary hospital attendance by 40% by Year 12
- Increase rural health workforce retention by 50% within 10 years

1. BACKGROUND & CONTEXT

Current Situation in Ghana

Ghana has functional health institutions and a progressive policy environment, yet service delivery consistently underperforms. The NHIS covers an incomplete benefit package and its financial architecture is chronically strained. A disproportionate volume of conditions that should be managed at primary care level present at district and regional hospitals – a symptom of a weak frontline system. Preventable deaths from malaria, diarrhea, pneumonia, and obstetric complications continue at rates that Ghana's level of development no longer justifies[1]. Key structural deficits include:

- CHPS and primary care hubs that are under-resourced, under-staffed, and frequently out of essential medicines and basic equipment
- A doctor-to-population ratio far below WHO benchmarks, with severe urban-rural maldistribution that leaves rural districts without basic clinical cover[2]
- Regional referral and specialist centres that lack functional diagnostic equipment, surgical capacity, and specialist personnel – rendering the referral system largely non-functional
- Absence of a national Electronic Health Record, leading to fragmented clinical information, duplicated investigations, and inability to track population health trends
- A health workforce incentive structure that drives talent to cities and abroad, hollowing out rural facilities and wasting the investment in training
- Out-of-pocket expenditure that remains above 30% of total health spending, pushing households into poverty when serious illness strikes[3]

Why This Matters Now

Ghana faces a dual health burden: the continuing pressure of communicable diseases; malaria, tuberculosis, HIV/AIDS – alongside a rapid and largely unmanaged rise in non-communicable diseases (NCDs) including hypertension, diabetes, stroke, and cancers. Only an estimated 30% of Ghanaian adults with hypertension are aware of their condition, representing a growing time-bomb of untreated cardiovascular disease[4]. Simultaneously, Ghana's expanding economy, the AfCFTA opportunity headquartered in Accra, and the ambition of middle-income status all require a healthy, productive workforce. The economic cost of inaction – in preventable deaths, lost productivity, and escalating curative expenditure – far exceeds the cost of the transformative investment proposed here. Furthermore, the COVID-19 pandemic exposed the depth of Ghana's health system vulnerabilities: weak surveillance, inadequate emergency capacity, and dangerous dependence on imported medicines and equipment. The moment for structural reform is now.

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[1] Ghana Statistical Service, Ghana Health Service, & ICF. (2018). *Ghana Maternal Health Survey 2017*. GSS.
[2] World Health Organization. (2023). *Global Health Workforce Statistics database*. WHO. https://www.who.int/data/gho/data/themes/topics/health-workforce.
[3] World Health Organization Regional Office for Africa. (2023). *WHO African Region health expenditure atlas 2023*. WHO AFRO. https://www.afro.who.int/publications/who-african-region-health-expenditure-atlas-2023-0.
[4] Sarfo, F. S., et al. (2021). Prevalence, awareness and control of hypertension in Ghana: A systematic review and meta-analysis. *PLOS ONE, 16*(3), e0248137. https://doi.org/10.1371/journal.pone.0248137

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VISION FOR GHANA IN 20 YEARS

By 2046, Ghana will have a preventive, equitable, and technology-enabled health system that delivers universal access to quality primary care regardless of geography or income, with strong referral pathways and affordable specialist care. The vision is structured across five dimensions:

Economic Transformation

A healthy, productive workforce will be the engine of Ghana's economic growth and AfCFTA competitiveness. Reduced preventable illness will contribute an estimated additional 1.5–2% in annual GDP. A reformed NHIS and the elimination of catastrophic out-of-pocket expenditure will protect household wealth and reduce health-driven poverty. Ghana's growing health technology and pharmaceutical ecosystem will generate jobs and export revenues.

Human Capital Development

Ghana will produce – and retain – world-class health professionals across medicine, nursing, midwifery, pharmacy, public health, and allied health disciplines. The Ghana Health University and expanded training institutions will double annual output of health professionals. A National Retention and Incentive Programme will make a career in rural and district health a credible, respected, and financially viable choice. Brain drain will be reversed from a chronic hemorrhage to a manageable trickle.

Governance and Accountability

Health decision-making will be evidence-based, transparent, and publicly accountable. A real-time National Health Performance Dashboard – fed by an interoperable national Electronic Health Record – will make health system performance visible to government, civil society, parliamentarians, and every Ghanaian citizen. District Health Accountability Committees will give communities genuine power to hold facilities to account. Public scorecards will rank districts and regions annually, creating competitive pressure for improvement.

Technology and Innovation

Telemedicine will extend specialist reach to every district. Electronic Health Records will give clinicians a complete, real-time picture of each patient wherever they present. Artificial intelligence and data analytics will enable disease surveillance, early outbreak detection, and smarter resource allocation. Ghana will nurture a thriving health-technology ecosystem of Ghanaian-founded companies serving local and continental markets.

Inclusion and Equity

No Ghanaian will be left behind. The 95% target – 95% of the population within 30 minutes of a functional primary care facility by Year 20 – is the equity cornerstone of this plan. Targeted provisions will address the health needs of women, children, the elderly, persons with disabilities, and geographically isolated communities. Mental health will be integrated into primary care. The NHIS will achieve genuine universality, covering all Ghanaians regardless of employment status or income level.

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Sustainability

Ghana Agenda 2046 is designed to build a health system that eventually funds itself. The initial $100 million catalytic investment triggers legislative reforms, crowd-in co-financing, and institutional reforms that progressively transfer the financing burden to domestic revenues – economic growth, natural resource wealth, a Health Sector Levy, and a financially self-sustaining NHIS. The Milan Cathedral Principle guides this entire agenda: we build not for the next election cycle, but for the generations that will inherit what we build today.

POLICY OBJECTIVES

Ghana Agenda 2046 is anchored in six SMART strategic reform objectives. Each is specific, measurable, achievable within a defined timeframe, and directly linked to the investment framework:

1. Increase population within 30 minutes of a functional primary care facility to 95% by Year 20 (from an estimated 50% in 2026).
2. Implement interoperable Electronic Health Records in 100% of public health facilities by Year 12.
3. Reduce inappropriate tertiary hospital attendance by 40% by Year 12 through a strengthened primary care and referral system.
4. Increase rural health workforce retention by 50% within 10 years through a dedicated incentive and career development package.
5. Reduce out-of-pocket health expenditure by 50% by Year 20 through NHIS reform, digital claims processing, and financial protection measures.
6. Reduce under-5 mortality by 50% and maternal mortality by 40% by Year 20 through strengthened primary care, skilled birth attendance, and community health programming.

In addition to these headline objectives, the following system-level targets apply:

- Achieve 90% NHIS digital claims processing by Year 10
- Achieve 70% adult hypertension screening coverage by Year 18
- Achieve 95% effective primary health care coverage nationwide by Year 20
- Achieve greater than 85% patient satisfaction nationally by Year 20

PROPOSED STRATEGIC INTERVENTIONS

Ghana Agenda 2046 organises its interventions across five strategic areas, each chosen for its leverage and its return on investment. These are not isolated programmes – they form an integrated system architecture in which each pillar reinforces the others.

Strategic Area	Key Interventions	Target Group	Expected Outcome
Primary Care Strengthening ($25M)	Rehabilitate and fully equip CHPS compounds and primary care hubs; reform medicine supply chain; deploy community health workers; strengthen sub-district health systems	Rural and peri-urban communities; all Ghanaians	95% PHC access within 30 minutes; 40% reduction in tertiary overcrowding

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Digital Health Infrastructure ($20M)	National interoperable EHR; telemedicine network; digital disease surveillance; mHealth platforms for CHWs; National Health Performance Dashboard	All public facilities; clinicians; patients; GHS	Paperless health system by Year 12; real-time surveillance; data-driven governance
Referral Centre Upgrades ($20M)	Functional diagnostic capacity (imaging, lab, pathology); surgical readiness; specialist staffing; strong referral protocols at regional hospitals	Districts and regions without specialist access	Functional specialist referral chain; reduced travel burden for patients
Workforce Development ($15M)	Rural posting incentive package; housing; CPD; accelerated progression; mandatory rural service requirement; expand health training institution capacity	Health workers in rural and underserved districts	50% improvement in rural retention within 10 years
Prevention & Public Health ($10M)	National NCD screening and management; malaria elimination programme; mental health integration into primary care; school health programme; One Health approach	General population; high-risk groups; school children	40% reduction in maternal mortality; 50% reduction in under-5 mortality; 70% hypertension screening by Year 18
Policy, Research & M&E ($5M)	National Health Performance Dashboard; independent annual health system reviews; 5-year evaluations; National Health Research Council	MoH; GHS; Parliament; civil society; citizens	Evidence-based policymaking; public accountability; course correction capacity
Innovation & Contingency ($5M)	Health Innovation Fund for Ghanaian health-tech start-ups; National Health Emergency Reserve; rapid-response capacity for unforeseen needs	Entrepreneurs; emergency management; GHS	Thriving health innovation ecosystem; system resilience

The plan also specifies four things it is deliberately NOT doing – strategic exclusions that make the reform credible:

- Not building new tertiary hospitals in every region – capital-intensive and does not solve frontline access gaps
- Not subsidising every possible service immediately – financially unsustainable and would collapse the NHIS
- Not running vertical disease programmes in silos – fragments care and duplicates systems
- Not pursuing a nationwide rollout without piloting – pilots in Phase 1 generate the evidence needed for confident national scale-up

IMPLEMENTATION FRAMEWORK

Ghana Agenda 2046 adopts a three-phase 20-year rollout inspired by the Milan Cathedral Principle: durable systems are built over generations, not election cycles. Each phase builds on the foundations of the preceding phase, with pilots informing scale-up and scale-up informing consolidation.

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Why a 3-Phase 20-Year Rollout?
We adopt this phased approach because durable systems are built over generations, not election cycles. Phase 1 builds the foundation through policy reform, pilots, and institutional strengthening. Phase 2 scales proven interventions and deepens national implementation. Phase 3 consolidates gains, optimises performance, and achieves universal coverage. The $100M is not a quick fix – it is the catalyst for a generational transformation.

Phase 1: Foundation (Years 1–5) – Build the Foundation Through Policy Reform, Pilots, Infrastructure, and Institutional Strengthening

Phase 1 establishes the legislative, institutional, and infrastructure foundations without which subsequent phases cannot succeed. It is simultaneously an implementation phase and a learning phase – pilots generate local evidence that will guide national scale-up.

SMART Work Plan – Phase 1 Milestones:

Ref	Milestone / Activity	Responsible Party	Deadline
1.1	Approve National Primary Care Reform Strategy, endorsed by Ministry of Health and Cabinet	MoH / Cabinet	By Year 2
1.2	Pilot Electronic Health Records (EHR) in 5 regions – at least one facility per region across all levels of care	MoH / GHS / National Digital Health Authority	By Year 4
1.3	Implement rural workforce incentive package (financial allowance, housing, CPD, accelerated progression) in 50 most underserved districts	GHS / MoH HR Division	By Year 5
1.4	Rehabilitate and fully equip CHPS compounds and primary care hubs in all pilot districts	GHS / District Health Directorates	By Year 5
1.5	Establish and launch National Health Performance Dashboard (publicly accessible, real-time)	National Digital Health Authority / MoH	By Year 3
1.6	Enact legislative and regulatory reforms for NHIS digital claims processing and coverage expansion	NHIA / Parliament	By Year 3
1.7	Commence functional upgrades (diagnostics, surgical readiness, specialist staffing) at 5 priority regional referral centres	GHS / MoH	By Year 4
1.8	Launch National NCD prevention and screening programme – hypertension, diabetes, cervical cancer – with integrated community outreach	GHS / Public Health Division	By Year 4
1.9	Establish Health Innovation Fund and National Health Emergency Reserve under Ministry of Finance and MoH oversight	MoF / MoH	By Year 2
1.10	Conduct baseline National Health System Review to establish verified KPI baselines for all 20-year indicators	Independent Evaluators / MoH PMO	By Year 1

Phase 2: Expansion (Years 6–12) – Scale Proven Interventions and Deepen National Implementation

Phase 2 scales what works from Phase 1 pilots across all regions and districts. It is the primary period of national infrastructure rollout, EHR deployment, workforce

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expansion, and NHIS reform consolidation. By the end of Phase 2, Ghana's health system will be fundamentally restructured.

SMART Work Plan – Phase 2 Milestones:

Ref	Milestone / Activity	Responsible Party	Deadline
2.1	Increase primary health care (PHC) access to 80% of the population – facilities within 30 minutes of all communities	GHS / District Assemblies	By Year 10
2.2	Implement interoperable EHR in 100% of public health facilities nationwide, linked to Ghana Card for unique patient ID	National Digital Health Authority / GHS	By Year 12
2.3	Reduce inappropriate tertiary hospital attendance by 40% from baseline through a functional primary care and referral system	GHS / MoH	By Year 12
2.4	Achieve 90% NHIS digital claims processing across all public and registered private facilities	NHIA	By Year 10
2.5	Increase rural health workforce retention by at least 50% from baseline through expanded incentive package and mandatory rural service	GHS / MoH HR / Ghana Health University	By Year 10
2.6	Complete functional upgrades at all priority regional referral centres – diagnostics, theatres, specialist staffing	GHS / MoH	By Year 12
2.7	Launch national telemedicine network connecting all district hospitals to regional referral centres and teaching hospitals	National Digital Health Authority	By Year 8
2.8	Scale CHPS rehabilitation and primary care hub upgrade programme to all 261 districts	GHS / District Health Directorates	By Year 12
2.9	Conduct first independent 5-Year Comprehensive Health System Evaluation and publish findings publicly	Independent Evaluators / MoH PMO	Year 7
2.10	Scale National NCD screening programme to achieve 60% adult hypertension screening coverage nationwide	GHS / Public Health Division	By Year 12

Phase 3: National Integration and Sustainability (Years 13–20) – Consolidate Gains, Optimise Performance, and Achieve Universal Coverage

Phase 3 consolidates the gains of the first two phases into a fully functional, financially sustainable, nationally integrated health system. By Year 20, Ghana Agenda 2046 will have achieved its headline targets and positioned Ghana as a regional model for health system transformation.

SMART Work Plan – Phase 3 Milestones:

Ref	Milestone / Activity	Responsible Party	Deadline
3.1	Reduce preventable under-5 mortality by 50% from the 2026 baseline	GHS / Public Health Division / CHW Programme	By Year 20

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3.2	Reduce maternal mortality by 40% from the 2026 baseline through skilled birth attendance, emergency obstetric care, and antenatal services	GHS / Maternal Health Division	By Year 20
3.3	Achieve 95% effective primary health care coverage nationwide – 95% of Ghanaians within 30 minutes of a functional facility	GHS / District Assemblies / MoH	By Year 20
3.4	Achieve 70% adult hypertension screening coverage across all regions	GHS / Public Health Division	By Year 18
3.5	Reduce out-of-pocket health expenditure by 50% from the 2026 baseline through universal NHIS coverage and financial protection measures	NHIA / MoH / MoF	By Year 20
3.6	Achieve greater than 85% patient satisfaction nationally as measured by annual independent citizen surveys	MoH PMO / Independent Evaluators	By Year 20
3.7	Achieve NHIS financial self-sustainability – no dependency on donor or catalytic fund contributions for core operations	NHIA / MoF	By Year 20
3.8	Publish second independent 5-Year Comprehensive Health System Evaluation at Year 14 and Final 20-Year Impact Assessment at Year 20	Independent Evaluators / MoH PMO	Year 14 & Year 20
3.9	Position Ghana as a regional model and export health system expertise through a Ghana Global Health Institute	MoH / MFA / Ghana Health University	By Year 20
3.10	Integrate mental health services into 100% of district-level primary care facilities	GHS / Mental Health Authority	By Year 20

BUDGET ALLOCATION FRAMEWORK

USD 100 Million Investment Plan

The $100 million is deployed as catalytic capital. Every allocation decision is justified by its expected return on investment and its contribution to systemic, durable structural change. Primary Care Strengthening receives the largest single share because strong frontline systems reduce downstream hospital burden and deliver the greatest long-term reduction in disease burden and cost.

Sector / Activity	Amount (USD)	Share (%)	Phase	Rationale
Primary Care Strengthening	**$25,000,000**	25%	1 & 2	Largest share: strong frontline systems reduce downstream hospital burden; greatest long-term ROI
Digital Health Infrastructure	**$20,000,000**	20%	1 & 2	Enables data-driven decisions, EHR, telemedicine, surveillance, and accountability across the system
Referral Centre Upgrades	**$20,000,000**	20%	1 & 2	Improves specialist access without overbuilding tertiary systems; makes the referral chain functional

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Workforce Development	**$15,000,000**	15%	1 & 2	Multiplies effectiveness of all other investments; infrastructure without trained staff delivers nothing
Prevention / Public Health Programs	**$10,000,000**	10%	1–3	Addresses disease before expensive treatment is required; long-term cost savings
Policy, Research & M&E	**$5,000,000**	5%	1–3	Enables sustainability beyond the $100M through governance reform and evidence-building
Innovation & Contingency	**$5,000,000**	5%	1–3	Health Innovation Fund for start-ups; National Emergency Reserve for unforeseen challenges
TOTAL	**$100,000,000**	**100%**	–	

Financial Justification

The $100 million catalytic investment is designed to trigger a transformational multiplier effect. Evidence from comparable health system investment programmes across sub-Saharan Africa demonstrates that each dollar invested in primary care and health systems strengthening generates $4–9 in economic returns through increased productivity, reduced absenteeism, lower curative care costs, and human capital gains.

Co-financing is anticipated from four sources:

(i) increased Government health budget allocations rising progressively toward the 15% Abuja Declaration target[5];

(ii) a dedicated Health Sector Levy generating ring-fenced domestic revenue;

(iii) aligned contributions from development partners (WHO, World Bank, Global Fund, USAID, GAVI) pooled into the national plan rather than fragmented across vertical programmes; and

(iv) private sector investment in digital health, pharmaceutical supply, and facility management. The long-term financing vision is explicit: Ghana's health system must eventually fund itself through stronger national prosperity – the $100M is the catalyst, not the perpetual funding source.

STAKEHOLDER ENGAGEMENT

Ghana Agenda 2046 is designed to be institutionally owned, not externally imposed. The policy influencing strategy engages the following key actors as co-designers and implementing partners – building local evidence through pilots, framing reform as a national UHC and development priority, and driving the legislative and regulatory reforms that make change durable:

[5] Organisation of African Unity. (2001). *Abuja Declaration on HIV/AIDS, tuberculosis and other related infectious diseases* (OAU/SPS/ABUJA/3). African Union.

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Stakeholder	Category	Role	Engagement Mechanism
Ministry of Health	Government	Lead policy authority; legislation; overall programme coordination; budget allocation	Cabinet-level steering committee; quarterly programme reviews
Ghana Health Service	Government	Service delivery management; CHPS strengthening; workforce deployment; M&E	Technical working groups; joint planning cycles
National Health Insurance Authority	Government	NHIS reform; digital claims processing; enrolment expansion; benefit package review	NHIS Reform Task Force; bi-annual reviews
Parliament – Health Committee	Government	Legislation; budget oversight; independent accountability hearings	Bi-annual briefings; committee submissions and hearings
Ministry of Finance	Government	Budget allocations; Health Sector Levy administration; co-financing	Joint financing committee; annual budget cycle engagement
GMA, NMC, PSG (Professional Bodies)	Professional	Clinical standards; peer accountability; workforce advocacy; professional endorsement	Professional Dialogue Forum; annual consultations
Development Partners (WHO, World Bank, GAVI, USAID)	International	Technical assistance; co-financing; knowledge transfer; alignment with national plan	Annual Health Sector Coordination Meeting
Private Health Sector	Private	Service delivery; digital health investment; PPP partnerships; pharmaceutical supply	Public-Private Health Forum; quarterly dialogue
Civil Society and Patient Advocates	Civil Society	Community accountability; citizen feedback; independent monitoring; advocacy	Civil Society Health Platform; public scorecards
Traditional and Religious Leaders	Community	Community mobilization; health promotion; demand generation; trust building	Community Health Councils; regional dialogues
Academia and Research Institutions	Academic	Evidence generation; evaluation; workforce training; health technology assessment	National Health Research Council
Citizens and Patients	Community	Rights-holders; public dashboard users; community scorecard participants	National Health Performance Dashboard; citizen panels

GOVERNANCE & ACCOUNTABILITY STRUCTURE

Ghana Agenda 2046 is anchored in data-driven governance and accountability as a core design principle. The governance architecture is built to outlast political transitions – securing reforms through legislation, independent oversight, and public accountability mechanisms that no single administration can easily dismantle.

Oversight Mechanisms

- National Health Transformation Council (NHTC) – chaired by the Vice President with cross-party and civil society membership; convenes bi-annually to review 20-year progress; has authority to compel accountability from implementing agencies
- Ministry of Health Programme Management Office (PMO) – dedicated, professionally staffed office managing day-to-day coordination, fiduciary oversight, stakeholder relations, and public reporting
- District Health Accountability Committees (DHACs) – in each of Ghana's 261 districts; receive quarterly facility performance reports; conduct public hearings; submit findings to the Regional Health Directorate and national PMO

Transparency Systems

- National Health Performance Dashboard – real-time, publicly accessible; updated from national EHR, facility reports, and NHIS claims data; shows performance at national, regional, and district levels
- Public Accountability Scorecards – published annually; rank districts and regions on key health access and outcome indicators; tied to resource allocation incentives
- Health Funds Transparency Portal – publishes all disbursements, contracts, and expenditures in real time; open to citizens, journalists, and civil society

Anti-Corruption Safeguards

- All health procurement above a defined threshold subject to public tender on the Ghana Electronic Procurement System (GHANEPS)
- Annual independent financial audits by the Auditor-General and an internationally recognized external auditor
- Whistleblower protection framework specific to the health sector
- Explicit mandate for the Commission on Human Rights and Administrative Justice (CHRAJ) to investigate health sector corruption

Public Reporting Systems

- Annual Programme Review published publicly – led by the PMO with participation from implementing agencies, development partners, and civil society
- Independent 5-Year Comprehensive Evaluations at Year 7, Year 14, and a Final 20-Year Impact Assessment – findings tabled before Parliament
- Bipartisan parliamentary support secured at the outset to protect reforms from political discontinuity across election cycles

MONITORING, EVALUATION & IMPACT MEASUREMENT

Key Performance Indicators (KPIs)

Indicator	Baseline (2026)	5 Years (2031)	10 Years (2036)	15 Years (2041)	20 Years (2046)
Under-5 mortality (per 1,000 live births)	~46	38	30	25	<23 (−50%)

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Maternal mortality ratio (per 100,000 LB)	~310	250	210	195	<186 (−40%)
PHC access: % pop. within 30 min of facility	~50%	65%	80%	90%	95%
Out-of-pocket as % of total health spend	~34%	28%	22%	18%	<17% (−50%)
Patient satisfaction rate	~60%	70%	78%	83%	>85%
EHR coverage (% public facilities)	0%	30%	80%	100%	100%
NHIS digital claims processing (%)	~30%	60%	90%	95%	100%
Rural workforce retention (vs. baseline)	Baseline	+15%	+50%	+50% maintained	+50% maintained
Adult hypertension screening coverage	~30%	45%	60%	70%	70%+
Inappropriate tertiary attendance (vs. base)	Baseline	−10%	−40%	−40% maintained	−40% maintained

Evaluation Methods

- National Health Performance Dashboard – annual monitoring of access, quality, outcomes, and finance metrics; publicly accessible and updated in real time from EHR and facility reporting
- Electronic Health Record Data Integration – clinical and operational data feeding population-level analytics continuously
- Independent Annual Health System Reviews – external reviewers assess system performance, value for money, and equity on an annual basis
- Public Accountability Scorecards – district and regional rankings published annually; results tied to resource allocation incentives to drive competitive improvement
- 5-Year Comprehensive Evaluations – independent, in-depth assessments at Year 7, Year 14, and Year 20; findings tabled before Parliament and published publicly to guide recalibration

RISKS & MITIGATION STRATEGIES

Risk	Likelihood	Potential Impact	Mitigation Strategy
Political Discontinuity	High	Programme disruption; reform reversal across election cycles	Secure bipartisan parliamentary support at the outset. Anchor reforms in legislation (Primary Health Care Act; National Digital Health Act; NHIS Reform Act). Establish the independent National Health Transformation Council with cross-party and civil society membership.
Weak Implementation Capacity	Medium	Delayed milestones; poor quality of rollout;	Phase the rollout – pilot before scaling. Strengthen district health management through a dedicated capacity-building

		wasted resources	programme funded within Phase 1. Embed implementation support units at regional level.
Financial Sustainability Gap	Medium	Funding shortfalls; stalled Phase 2 or 3 implementation	Leverage co-financing from Government budget increases, Health Sector Levy, private sector, and development partners. Prioritize high-ROI interventions. Design NHIS reform for financial self-sufficiency by Year 20.
Low Community Demand / Uptake	Medium	Underutilized facilities; low NHIS enrolment; missed coverage targets	National health literacy campaign through CHWs, schools, and media. Free services for indigents and priority groups. Traditional and religious leader mobilization in all districts.
Technology Failure / Cybersecurity	Low–Medium	EHR system outages; data loss; loss of public trust in digital health	Cloud redundancy and local data backup. Offline-capable EHR modules for low-connectivity settings. Rigorous ICT procurement and cybersecurity standards under the National Digital Health Act.
Global Health Emergency / Pandemic	Medium	Diversion of resources; system overload; implementation delays	National Health Emergency Reserve (funded from the $5M contingency allocation). Pandemic Preparedness Plan integrated into GHS operations. Strategic medical stockpile maintained at national and regional level.

EXPECTED NATIONAL IMPACT

The successful implementation of Ghana Agenda 2046 will deliver a generational transformation across health, economy, governance, and innovation:

Economy

- Estimated additional 1.5–2.0% annual GDP contribution from a healthier, more productive workforce by 2046
- Fiscal savings estimated at $500 million annually by 2046 from the prevention of costly hospital admissions and catastrophic illness
- Medical tourism generating foreign exchange as Ghana becomes a destination for diaspora health care

Health and Human Development

- 50% reduction in preventable under-5 deaths – saving an estimated 15,000 children's lives annually by 2046
- 40% reduction in maternal mortality – thousands of mothers surviving childbirth each year who would otherwise die
- 95% of Ghanaians within 30 minutes of a functional primary care facility – the most fundamental access gap closed
- 70% adult hypertension screening, enabling early detection and management of Ghana's fastest-growing disease burden
- 50% reduction in out-of-pocket expenditure, protecting hundreds of thousands of households from health-related poverty

Governance and Accountability

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- A fully interoperable national EHR linking all public health facilities – eliminating fragmented care and enabling real-time population health management
- A National Health Performance Dashboard making health system performance transparent to every Ghanaian citizen
- A health system anchored in legislation and independent oversight, built to outlast political cycles
- Ghana recognized regionally as a model for primary care-led health system strengthening and transparent governance

Innovation and Social Cohesion

- A thriving Ghanaian health-tech ecosystem serving local and continental markets
- A Ghana Global Health Institute exporting expertise, training, and advisory services to African partner countries
- Reduced health inequities between urban and rural Ghanaians, between men and women, between rich and poor – strengthening national cohesion

CONCLUSION & CALL TO ACTION

Ghana Agenda 2046 is more than a health proposal. It is an expression of responsible citizenship – to see the gaps in one's nation, to imagine better, and to begin building before one has formal authority. It is a plan written in the spirit of leaders who understand that the most meaningful systems are often built over generations.

This plan uses $100 million not to solve every problem directly, but to deploy funds as catalytic capital that triggers structural and policy reforms – building systems that outlast political cycles and transform health care delivery for future generations. It is a plan of disciplined prioritization: what it deliberately does not do is as important as what it commits to doing. It phases implementation carefully, pilots before scaling, and holds itself publicly accountable through a National Health Performance Dashboard, annual independent reviews, and public scorecards that every Ghanaian can access.

The plan before you does not promise to solve everything overnight. It promises something more durable: a disciplined, evidence-based, phased transformation of the structures and systems that determine whether a child in rural Upper East survives their fifth birthday, whether a mother in the Volta Region delivers safely, and whether a farmer in the Northern Region can see a doctor without selling everything to pay the bill.

The Milan Cathedral Principle

The most meaningful systems are often built over generations. The Ghana we desire will not emerge through short-term thinking or isolated interventions. It will require citizens and leaders willing to build foundations whose full reward may mature beyond their own tenure. Better systems begin when citizens choose to lead now.

Call to Action

We call on the Ministry of Health to champion the National Primary Care Reform Strategy and drive the legislative agenda this plan requires. We call on Parliament to enact legal foundations that

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make these reforms durable across election cycles. We call on development partners to align resources with this national plan rather than fragment it through vertical programmes. We call on the private sector to invest in the digital health and primary care ecosystem. And we call on every Ghanaian citizen – at home and abroad – to demand, participate in, and hold accountable a health system that reflects the Ghana we are fully capable of becoming. Leadership is not waiting for office before imagining change. It is taking responsibility now for the future we hope to inherit – and to leave behind.

Prepared by the Black Star Summit Health Breakout Session Team
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